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THE Kemcolian

Chicago Retreat May 12, 13 2023

KING EDWARD MEDICAL COLLEGE
ALUMNI ASSOCIATION OF NORTH AMERICA

ZT CORPORATE

AUTOMOTIVE INVESTMENT

12%

RETURN A YEAR

UP TO 2 YEARS

ZT MOTORS HOLDI NG, LP:

- Promissory Note (subordinated to primary lender)
- 12% return annually (paid monthly)
- 4 dealerships in Florida (BMW, Mercedes-Benz, Toyota, Mazda)
- 1 dealership in Georgia (Chevrolet)
- 3 dealerships in the Greater Houston area (Chevy, Ford, Jeep, Dodge, Ram, GMC, Buick, Chrysler)

JAVED IQBAL

Senior Vice President, Private Equity

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ad

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MISSION STATEMENT

The Association shall be a not-for-profit, nonpolitical, educational, humanitarian, and charitable organization. The objective of this Association shall be to bring into one compact organization the eligible graduates of the King Edward Medical College, Lahore Pakistan.

EDITOR'S NOTE

It was an absolute delight for me to be involved in editing and compilation of KEMCAANA Retreat Journal 2023. One thing that I constantly observed during the submission process was the "connection" that everyone, no matter at what stage of life, still has with KE. Young or old, resident or attending, academician or a community practitioner, it seemed as if parts of each and everyone among us, will always belong there. The grounds of Patiala are where we were watered and that's where we all sprouted from.

And now, though all of us we have grown and evolved in many different ways since we left, our roots are still firmly anchored there and we will always be known by that one common ancestry. KE is our common lineage and this connection will always stay strong. InshaAllah

I hope you'd enjoy navigating through this journal; I have tried to keep it simple yet informative about various different ways through which Kemcolians are enriching lives of ones around them or back home.

They will awe you through their presence and make you feel proud of their accomplishments.

Wish you all health and inner peace.

Mariam Khalid, MD
(Class of 2008)

The views expressed in this journal are based on personal observations of authors in their entirety and do not reflect ideas of editorial team/KEMCAANA unless specified. All the ads (ad) included in this journal are paid advertisements to KEMCAANA.

2023 KEMCAANA EXECUTIVE COMMITTEE

Irfan Munir, MD
President KEMCAANA

M. Fateh Shahzad, MD
Immediate Past President

Shahzad Khan, MD
President Elect KEMCAANA

Danish Ejaz Bhatti, MD
Secretary KEMCAANA

Sohail Rana, MD
Treasurer KEMCAANA

President's Message

My Dear Kemcolians,

Assalam u Alaikum:

Thanks for trusting me with the opportunity to serve as President of KEMCAANA, the alumni association of King Edward Medical University in North America. I am truly humbled and honored to be of service this year.

I would like to extend my gratitude to Dr. Muhammad Fateh Shahzad for doing an outstanding job as President of KEMCAANA, 2022.

Our objectives during 2023 include:

1. Increasing KEMCAANA membership, and getting young graduates to become more involved with this organization.
2. Work with KEMCAANA Scholarship committee and work with scholarship committee to increase the number of scholarships for KEMU graduates and post graduates.
3. Continue supporting our Pediatric Burn Unit in Mayo Hospital, Lahore.
4. Start Home Dialysis Program at Mayo hospital/KEMU, Lahore. Provide financial support to help with the treatment of indigent patient population.
5. Improvement of KEMCAANA's new website under the leadership of Dr Waseem Ullah.
6. Expansion of KEMCAANA Cornea Transplant Project in Pakistan.
7. Development of KEMCAANA charity clinics in North America.
8. Expansion of Mayo Hospital indigent patients fund: "Sadqa Jaria Endowment Medications Fund" across different specialities in order to provide free medications for patients in need.
9. Continue to support and help KEMU graduates with observerships, electives and residency placement in North America.
10. Establishment of KEMCAANA foundation.

Warm regards.

Irfan Munir, MD

President KEMCAANA

Message from VC KEMU

This is my great privilege to share message for KEMCAANA. We are going to celebrate KEMU's rich history of medical education service to humanity and untiring commitments to furthering the cause of public health and medical education. The International Scientific Symposium in every December is not only a great tradition but also a moment where we are looking back with pride and looking forward with high hopes. It is a great opportunity to interact, share knowledge and wisdom.

KEMU is the oldest medical school in Asia and it attracts best talent not only from Punjab but from all over Pakistan. It is our responsibility to nourish these intellect and we take this responsibility seriously with honor and pride. This institution is not only imparting medical knowledge to the students but at the same time tries his best to inculcate best values by supporting extra-curricular activities. By doing this we are providing to the community best human beings. Talent is nourished and abilities are polished to make a great doctor for future healthcare.

I would like to remind my newest alumni that this noble profession requires long life commitments with the profession. We have to push our limits further and further, so we can advance the frontiers of medical knowledge and to serve the humanity to the best of our abilities. I hope that every one of us is capable to meet this challenge.

I know that many generations of KEMU Alumni are working at very high level throughout the world. The credit goes to this institution that gives them best education and moral values. I have no doubt that our King Edward Alumni continue to make our institution and homeland proud.

In the end, I want to extend my gratitude to the President KEMCAANA and members for their continuous services and commitment to their institution and professional activities.

Warm regards.

Prof. Mahmood Ayyaz
Vice Chancellor, KEMU

Message from President Elect

When I think about the future of this organization, I am hopeful that it will continue to thrive. We always had fewvery dedicated individuals, who selflessly give their time, money and energies for the advancement of our Alumni. For future, our main goal and hope is to expand the membership of our alumni. As we get more of KEMC graduates to join us, it will help in keeping our organization financially healthy and expand our donor base for charitable programs. We hope to have greater social network presence, to reach out to our younger students/graduates and encourage them to join their Alumni. Furthermore, we hope to have a more robust Mentoring/Advisory program for our students and fresh graduates. It can be done at institutional level, with close collaboration with KEMC, starting with 4th year students so as to guide them through their professional career. It will need more involvement from members and greater participation to further advance this goal.

Our Alumni have a lot of talented, distinguished research scholars here in USA. I sincerely hope that we can utilize their expertise and start a close collaboration between KEMC students and faculty to establish a research culture in KEMU. This is an area where Pakistan really lags behind. It is going to need a lot of effort and financial resources, but together we can do it. I hope we can have an institutional relationship with KEMU in providing them with visiting faculty, financial resources and technical support. With a visiting faculty program, we can expand the knowledge base of our KEMC students and expose them to newest advances happening in the healthcare sector in US.

As always in time of need, our Alumni have been very active over the years. My hope is that we continue this with more direct involvement of membership in guiding the charitable programs. We should be able to collaborate more closely with the KEMU administration, KEMC/U Alumni in Pakistan and other entities for maximum utilization of donated money. Last but not least , we would like more institutional relationship with other organizations, both in USA and Pakistan. This can help us in achieving bigger goals.

We are always better together.

Warm regards.

Shahzad Khan, MD
President Elect KEMCAANA

Message from Secretary & Treasurer

This year I am focused on improving the organizational infrastructure in coordination with Executive Committee (EC) and collaboration with various other committees. We are building many useful and efficient modules within our website (Thanks to Dr WaseemUllah) including but not limited to : a detailed document verification system, a web-store for great souvenirs and excellent web archive of KEMU and KEMCAANA highlighting our achievements and legacy. Please reach out to me with ideas and any contribution you would like to see in archive. Another effort in the background is developing a "Workspace for EC" with an archive of all prior efforts and documentation of all ongoing work by EC and committees. To this end we have hired a new Web Coordinator, Waleed Zafar and have unlimited Google Space for non-profit registered.

Going forward you can always reach out to EC with same email addresses regardless of which year (such as secretary@kemcaana.org). Our biggest challenge going forward is becoming budget neutral for Organizational budget (40,000/year), a process I started last year as treasurer but couldn't complete and would continue to work on with current (Dr. Sohail Rana) and future treasurers. I am working with President (Irfan Munir) and EC to coordinate ongoing projects including Computer lab Upgrade, Nursing Education Initiative (Dr. Maqbool Arshad), membership drives for young members and young physicians committee (Dr. Umar Tariq) and Peritoneal Dialysis center (Dr. Irfan Munir).

I invite all of you to reach out to us with any idea or suggestion.

Danish Bhatti, MD, FAAN
Secretary KEMCAANA

I want to thank my fellow Kemcolians for their trust in me to serve as treasurer of KEMCAANA. My goal as treasurer is to ensure the long-term financial sustainability of KEMCAANA. We are working on developing different revenue streams to generate funds. Some ideas include developing online learning tools, sponsorships with long-term relationships, an online store, organizing an annual retreat regularly, and establishing a digital hub for financial transactions. An increase in membership with the establishment of an endowment fund is part of the long-term strategic planning. The future of any organization depends on financial health, strategic decision-making, transparency, policies, and procedures.

I look forward to working with my fellow Kemcolians to achieve these goals and make KEMCAANA a financially self-sustaining organization. The financial viability of KEMCAANA is a journey made possible by the generosity of Kemcolians. I thank all of you for it. You can always reach out to me at treasurer@kemcaana.org

Sohail A. Rana. M.D
Treasurer KEMCAANA

Message from President WAPPNA

Salam and greetings to all,

I am writing this message on the historic occasion of KEMCANA retreat with the active collaboration of AIMCANA. Historically KE and AIMC have been sister institutes, with omembers of the same family and community often studying in the two colleges. We are one big connected happy family.

In my capacity as former Treasurer of APPNA and active member of AIMCANA , and founding President of WAPPNA I want to take this opportunity to express my gratitude, appreciation and active support to KEMCANA in all their endeavors.

Warm regards.

Dr. Humera Qamar
MD, MPH, FAAP
Founding President WAPPNA

Message from APPNA Treasurer 2022

Dear KEMCAANA members,

Greetings.

It was my honor to serve as APPNA Treasurer in the year 2022. You, along with many others, chose me to keep APPNA finances transparent and strong. I believe I have done my job honestly and diligently.

As Board of Directors, we tried to work together and respect each other. I am happy to report that the year 2022 was the most profitable year in APPNA history. APPNA Springs Meeting was phenomenally successful. We had enormous net gain, mostly due to sponsorship and vendors. This was a record-breaking Spring Meeting. The Summer Meeting was also an enormous success. APPNA International Meetings were SOLD-OUT events.

The APPNA have raised more than a million dollars for the victims of flood in Pakistan. APPNA BODs approved One Hundred Sixty Thousand Dollars from APPNA Operational funds for building of five hundred homes for flood victims throughout Pakistan. Most of the homes have been completed and handed over to flood victims.

APPNA 2022 has gross gain of $1.25 Million in revenues from sales of vendor booths and various sponsorships which is highest ever in APPNA history. After Expenditures on meetings and international trips the overall gain was close to one Million dollars which is the highest ever gain in one year in APPNA history. We, as the Board of directors, designated 205 thousand dollars to invest in real estate which will generate added income in coming year for APPNA. Additionally ear marked sixty-five thousand to hire qualified person for grant writing. By the end of 2022, APPNA has reasonable amount of funds in restricted and unrestricted accounts.

Again, Thanks for your ongoing and staunch support for me and APPNA.

Sincerely yours,

Joseph Emmanuel, MD
APPNA Treasurer 2022

Dear Kemcolians

Welcome to Chicago.

Regards

Dr. Aftab Khan M.D.

Dear fellow KEMU Alumni,

We are thrilled to welcome you to the annual strategy meeting of the alumni of King Edward Medical University, KEMCAANA, on May 12 and 13, 2023, in Chicago.

As proud alumni of KEMU, we have a responsibility to work together for the betterment of our alma mater and help the current student body. That is why we are excited to get together with our fellow alumni to strategize and collaborate on initiatives to support KEMU.

We know that the success of this meeting is crucial for the future of KEMU and its students. That is why the leadership is asking for your support in making this event a success. Your contributions will help fund essential projects such as research and scholarships as well as offer opportunities to improve infrastructure.

Together, we can make a difference and positively impact the future of KEMU. Let us join forces and work towards a brighter future for our beloved alma mater.

We wholeheartedly welcome you to Chicago as we work together to achieve our shared goals.

Sincerely,

Sarim Rahman Mir, MD

&

Naheed Mir

Welcome to the KEMCAANA retreat

Wishing you an enjoyable and a memorable weekend

Samia Waseem

President KEMCAANA

2020

Waseem Aziz

Member Host Committee

KEMCAANA Retreat 2023

ad

Warm Welcome to all attendees at KEMCAANA annual retreat

Jamil Mohsin MD

Attending Radiologist

South Jersey Radiology

Associates / USRS

Virtua Health System

ad

Welcome to KEMCAANA retreat

Welcome to KEMCAANA retreat. Your presence is well appreciated and we thank you for your continued support.

Shahzad Khan & Maryam Khan

ad

Extending our heartfelt greetings to you on annual KEMCAANA retreat. We will accomplish many great things together. Welcome!

Nimra & Sohail Rana

ad

Welcome to KEMCAANA retreat

Our warmest welcome to you! We can make many good things happen as we join our hands together for our parent institution.

Mubasher Rana, M.D

ad

We are delighted to have you among us. On behalf of KEMCAANA, we would like to extend our warmest welcome and best wishes to you!

Rehana

&

Muhammad Afzal Bhatti, M.D

Las Vegas, NV

ad

Warm welcome to the attendees of KEMCAANA

Dr Sajid Mehmood

&

Mrs Saba Mehmood.

ad

Welcome to the attendees of KEMCAANA to Chicago

Anonymous Supporter of

KEMCAANA

from Oklahoma

ad

Believing in the absolute equality of all people, I claim zero superiority over anyone else based on region, race, religion, or for any other reason. In the same breath, I refuse to become a second-rate citizen.

Believing that the best societies are the better examples of symbiosis, I know that this cannot be taken for granted. In my view, the act of becoming a good Samaritan is the most essential facet of our existence. In trying and giving you my best, I give myself the best chance of receiving yours in return.

Anonymous Supporter of KEMCAANA
from Wisconsin

Honoring a Legend

Dr. Arif Akbar Ali Toor

(1935-2022)

Dr. Arif Toor, KE graduate of 1961 passed away peacefully on December 26th, 2022. He will be missed greatly in APPNA and KEMCAANA where his services can never be forgotten. He was a true renaissance man with an interest in art, literature, poetry, food, and music and served as a role model to many young Pakistani physicians, in USA as well as in Pakistan.

Key Services for KEMCAANA & APPNA: One of the most successful projects of KEMCAANA, the Post-Graduate Education fund (PGE), was conceived by Dr. Arif Toor during his KEMCAANA presidency(1983). After residency slots dried up for foreign medical graduates. Dr Toor, along with Dr. Hasan Bukhari (KE 1963), President elect, and Dr. Arif Muslim (KE 1968), Immediate Past President, raised $450,000 for the PGE project thereby developing an Endowment Fund. The endowed residency program in Internal Medicine was launched in 1987 at the New Britain General Hospital in Connecticut. Based on excellent academic achievements of KE graduates at the University of Connecticut, the program was further expanded to two positions, namely Washington University in St Louis and secondly at Monmouth Medical Center, New Jersey. Still later, with the help of Dr. Jahanzeb, the program was extended to the University of Tennessee. In 1989, when Dr. Arif Toor was serving as President of APPNA, he opened the PGE program to all medical schools in Pakistan. Unfortunately, the PGE program gradually suffered the impact of difficulties with visas after September 11, 2001. While the program was in effect, more than 120 Pakistani physicians benefited from its implementation. Dr. Toor spent countless hours volunteering his time in building the program, fundraising, and supporting the residents, including housing many of them at his home.

As President of APPNA 1989–1990, Dr. Toor also helped lead a program to develop health clinics in rural areas of Pakistan. He participated in formulating and establishing the Pakistani Political Action Committee (PAK-PAC), as a founding member, together with Drs. Pervez Shah, Hasan Bukhari, Nasim Ashraf, Arif Muslim and Ikramullah Khan. APPNA had to stay apolitical but there was general understanding that active involvement in the political activities of our adoptive country was the way of life for survival.

One of the most useful resources established by KEMCAANA is the Computer Lab at KE. The original initiative came from Dr. Riaz M Chaudry (KE 1973), President KEMCAANA 1996, who arranged for several computers to be sent to KE to establish a Computer Lab. In 2001, with Dr. Asim Malik, KE 1976 as the President of KEMCAANA, the Lab was brought under full control of KEMCAANA. Dr. Malik updated the lab and donated new computers with his own funds. A full time Lab manager, M. Rashid Javed was hired with Dr. Toor's help. From there onwards, Dr. Toor was entrusted to supervise the project. He oversaw the Lab's subsequent expansion with more computers and provision of broadband internet services across all of KE and Mayo Hospital, with the help of Mr. Jamal Hamdani, CEO Moseley Associates, California. This project continues to benefit hundreds of students and KE/Mayo faculty.

Whether it was negotiating with the KE administration for KEMCAANA projects or going to Pakistan in advance for the APPNA and KEMCAANA Winter Meeting preparations or any other matter that involved persuasive discussions, Dr. Toor was there as the Voice of KEMCAANA.

Dr. Toor had exceptional skills in event management and worked with his buddies Drs. Hasan Bukhari and Arif Muslim over several years to develop the models for major APPNA and KEMCAANA meetings to make them effective from both a professional and social standpoint. He enjoyed tremendous respect from all the alumni organizations and was always there for their support and guidance. Dr Toor was recipient of the highest level of service award, Gold Medal from both APPNA and KEMCAANA.

Personal Life: Dr. Toor was born in Karmabad, a small village in Pakistan (pre-partition India) in 1935. After his father's death in 1955, the family moved to the city of Lahore. While attending medical school, he met his future wife, Nasim. They married in April of 1962, shortly after graduating from KE. Over the next ten years, Dr. Toor served as a Medical Officer and Superintendent in health services in various Pakistani cities. In June of 1974, the family moved to US and Dr. Toor was accepted into residency program at New Britain General Hospital, CT. While embracing life in America, Dr. Toor's ties to his home country remained strong with annual trips to Lahore. In 1980, he became active in KEMCAANA and there he left an indelible mark for future generations of young Kemcolians. In 1990, he joined Medicare in Connecticut as Medical Director to establish policies and guidelines for appropriate evaluation of medical practices. He served as Medical Director from 1991–2000. From 2000 to 2014, Dr. Toor pursued several entrepreneurial ventures in developing innovative technologies in electronic medical records for hospitals and healthcare practices.

Dr. Toor is lovingly remembered by his wife, Nasim, his three children, Arifa, Aamir, and Atif, their spouses and children. No one can truly fill his shoes. His generosity of spirit in the service of others and his unwavering commitment to APPNA and KEMCAANA makes him a true role model for all of us. We join with his family in praying for him.

Naheed Usmani, MD
KE 1980
APPNA President 2020,
KEMCAANA President 2017

Mohammed Haseeb
KE 1980
KEMCAANA President 2009

All Kemcolians

KEMCAANA PROJECTS

On-going projects under KEMCAANA

- Mayo Hospital Stretcher donation- $30,000 required
- Mayo hospital Peritoneal Dialysis Program-$100,000 required
- Pediatric burn unit at Mayo hospital- $149,000 required
- Indigenous Patients Medications Fund- $10,000 required

Projects requiring mentorship support/ voluntary donations

- Information technology
- GHLO Program
- Young investigator award
- KEMCAANA Database
- Document verification
- KEMCAANA Medical Mission
- Visiting Faculty Program

1. Mayo Hospital Stretcher Project

Mayo hospital out-patient department is visited by 5000 patients daily, and emergency department daily volume is approximately 2000 patients. Unfortunately, we do not have adequate stretchers in either outpatient department or emergency room. The available supply is out-dated and unsafe for transporting patients. During my recent visit to Mayo hospital I was informed of several incidents where patient rolled over the stretcher and fell down. This is a very desperate situation and deserves immediate attention.

We are raising funds to supply 50 new stretchers to Mayo hospital. Please donate generously so we can be of service to patients by providing dignified transport across different departments.

2. Kemcaana Nursing Education Initiative

We are pleased to inform you that the KEMCAANA Executive Committee has authorized the creation of this Nursing Education Initiative committee to assist in improving the education and training of nurses and allied health science students at Mayo Nursing & Allied Health Science Colleges.

This effort will improve health care at Mayo Hospital, and at health care facilities in the Punjab and beyond where these trainees will work after graduation.

We have identified two serious deficiencies which Mayo Nursing College needs to rectify at the earliest, as part of the minimum requirements for the Bachelor of Nursing curriculum set by the Pakistan Nursing Council.

The first area we plan to address is the use of Computers and other technology, including Electronic Health Records. The second area we plan to focus on is the teaching of the English language. The Nursing Council has required English to be taught during all 4 years of nursing schooling, as the main medium to learn and comprehend medical information in Pakistan.

Please note at present there is currently no formal planned teaching of these two essential subjects at Mayo Nursing College, and we would like to fill this void.

We intend to use the KEMCAANA Computer Lab as a great resource for accomplishing this goal, and later will add medical modular courses as our training progresses.

As we formulate these two courses, we are requesting all KEMCAANA members to donate so that we can accomplish this pilot project. We will be expanding our committee as we find willing members of KEMCAANA who want to support in this project.

Thank you,
Maqbool Arshad MD
Chair, KEMCAANA Nursing Education Initiative

3. Mayo Hospital Peritoneal Dialysis Project

End Stage Renal Disease (ESRD) is rampant in Pakistan. According to estimates, there are atleast 500,000 ESRD patients in Pakistan with an incidence exceeding 100,000 new patients annually. Only 25,000 patients are receiving treatment for this illness. Due to lack of resources and infrastructure, others just wait for their inevitable destiny.

Hemodialysis (HD) is main form of dialysis treatment in Pakistan with a monthly cost of Rs. 80,000 per month. It also carries a very high rate of infection transmission, particularly Hepatitis C, owing to poor infection control set up in Pakistan. The other dialysis modality i-e Peritoneal dialysis (PD) is underutilized and only 75-100 patients are on this treatment in Pakistan despite total cost being similar for both modalities.

In order to further reduce cost and the risk of infection transmission as well, Kemcaana has formed a collaboration with pharmaceutical industry on ground to manufacture all supplies used in peritoneal dialysis within Pakistan. This measure will essentially minimize the need of import of any supplies related to peritoneal dialysis thereby reducing the total cost

of PD significantly for the deserving patients.

The partnership: Kemcaana has partnered with Nephrology department at Mayo hospital, Byonyks (Biomed device tech), and Kidneys Beyond Borders to start peritoneal dialysis program for the under-privileged at Mayo Hospital. The treatment is going to be free of charge and all cost is being covered by funds raised by Kemcaana for this noble mission.

Once established at Mayo hospital, there is a plan to further expand care to other parts of Pakistan. Our eventual goal is to provide treatment to underprivileged patients free of charge all over Pakistan .
Once established this mission will leave a lasting legacy for Kemcaana.

Irfan Munir, MD
President KEMCAANA

Byonyks: the Unusual Road from East to West

Byonyks started as an “I have a dream” experience for patients with kidney disease when Mr. Farrukh Usman came across harsh reality regarding limited availability of Peritoneal dialysis (PD), after one of his family members was diagnosed with kidney failure. At that time, regrettably, Automated Peritoneal Dialysis (APD) and PD Machines (a.k.a cycler) were not available in a country of 220 million. He thus envisioned the unimaginable: "developing a bloodless medical device in Pakistan”.

With vision and luck, three like-minded people, Mike, Frank, and Eric from the USA and Dr. Nauman Tarif from Pakistan joined hands together for this mission. What started from three young & enthusiastic Pakistani engineers has expanded to over 70 passionate and skill R&D experts now.

The greatest milestone was achieved by signing of an MOU for R&D in 2018 with Fatima Memorial Hospital Lahore.

Just a week before the COVID lockdown Byonyks team received a call from Dr. Ahad Qayyum, at Bahria Town hospital Lahore where a patient required urgent intervention but couldn’t be hemodialysed because of various limitations . Byonyks medical team led by Dr. Rasib Moosvi was able to save a life with the Byonyks APD cycler through implementation of PD. It was just the beginning and by the grace of Allah, within three years, Byonyks has helped improve several lives.

Byonyks has now started collaboration with KEMCANA USA under the leadership of Dr. Irfan Munir and Prof Dr. Muhammad Anees, Head of the Nephrology department at Mayo hospital thereby establishing a Peritoneal Dialysis ward for in-center APD. Another collaboration with Professor Iftikhar Ijaz at Mayo hospital has also been initiated to develop an APD cycler specifically for pediatric patients, a feat currently nonexistent on a global scale. Byonyks’ state-of-the-art manufacturing facility has received approval from Drug Regulatory Authority Pakistan (DRAP) and for the Byonyks medical device from the Pakistan Engineering Council (PEC). More than 20 patients have performed over 2000 hours of dialysis with the Byonyks APD cycler.

Byonyks continues to serve by organizing seminars, workshops, and webinars involving experts from Pakistan, USA, Canada, and the UK for healthcare professionals. The community has grown from 3 centers in Pakistan in 2018 to more than 8 centers offering peritoneal dialysis services to >200 patients at present.

To our knowledge, Byonyks cycler is the first medical device that has encouraged multiple companies to initiate research and development of other medical devices locally thereby saving billions of dollars in foreign exchange as well as creation of multiple work opportunities. We are also in process of submitting to FDA for approval which if granted, would be huge boost for medical device industry in Pakistan.

KEMCOLIANS IN THE NEWS

'American College of Cardiology welcomes Dr. Farrukh Malik to the Board of Governors'

KEMCAANA congratulates Dr. Furrukh S Malik on his election to the office of Governor elect, American College of Cardiology (ACC) Tennessee. He will also start his office as President chapter in 2024.

Dr. Malik is a heart failure transplant cardiologist in Nashville TN. and currently member of the Advocacy committee. He aims to improve availability of affordable heart failure medications across all patient populations. Additionally, he is continuously working to improve healthcare legislation protecting physician interest and well-being.

We congratulate Dr. Malik on achieving this milestone in his professional life.

KEMU 42ND ANNUAL SCIENTIFIC SYMPOSIUM

Kidneys Without Borders Scientific Symposium

Banquet in honor of alumni

CLASS OF '72 GOLDEN ANNIVERSARY

Shahid Nisar Khan, MD

The KE Class of '72 recently celebrated their Golden Anniversary with a series of events held in Lahore, Pakistan. The celebrations kicked off on February 26th with a dinner hosted by the Lahore chapter of the KE Class of '72 at The Gymkhana in Lahore. The dinner was attended by alumni and their families, who enjoyed a delicious meal and caught up on old times.

On February 27th, the Vice Chancellor of KE Medical University hosted a reception for the alumni at the Patiala Block, followed by a group photography session and a tour of the Pediatric ER unit. The unit was sponsored by the Class of '72, and the alumni were proud to see the impact of their contribution on the hospital.

Later that evening, the Expats of the KE Class of '72 hosted a reception and dinner at The Pearl Continental in Lahore. The event was attended by alumni from all over the world, and featured a keynote speech by Professor Dr. Khawaja Saadiq, who was invited as the Guest of Honor. Dr. Saadiq delivered an inspiring speech, highlighting the importance of "ART of Medicine" in terms of doctor–patient relationship, empathy, politeness, and other essential abstract values of medical practice.

The event concluded with the presentation of a Memorial Plaque to Professor Dr. Khawaja Saadiq, in recognition of his contributions to the field of medicine and his support of the KE Class of '72. The Golden Anniversary celebrations were a great success, and the alumni were grateful for the opportunity to reconnect and celebrate their shared history.

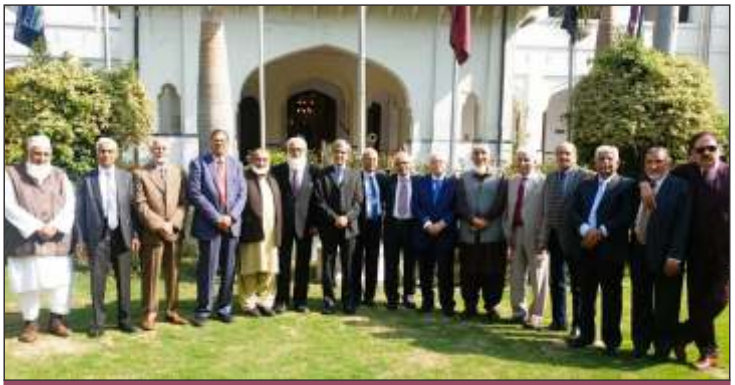
The plaque recognizing the KE Class of '72 placed in the Emergency Wing that was sponsored by the class.

The latest from halls

At the lecture theater in Patiala Block

Drs. Faiqa Qureshi and Shahid Nisar presenting a honorary plaque to the Guest of Honor Prof. Khawaja Saadiq.

Some alumni of the KE Class of '72 at the Pearl Continental dinner.



After the reception by the VC in front of Patiala Block.

Some members of KE Class of '72 with the Guest of Honor, Prof. Khawaja Saadiq.

KE Class of '72 alumni touring the Emergency Wing sponsored by the class.

The Vice Chancellor Prof. Mahmood Ayyaz addressing the alumni.

KE Class of '72 alumni with the Vice Chancellor Prof. Mahmood Ayyaz.

Enjoying the sunshine in front of Patiala Block

Tribute to Professor Dr. KAMRAN AZIZ

Following is a beautiful tribute to Professor Dr. Kamran Aziz written by Dr. Waqas Nawaz, MD. Dr. Kamran Aziz was the Professor of Biochemistry KEMU, who passed away this Ramadhan (2023) in the first week of April. As this write up and few of the following messages would show, he inspired many during his lifetime and has left behind a legacy in form of his students who will carry his message of love, respect and righteousness forward through out their lives. May Allah taala bless his soul in the Hereafter. Amen

یہ آج سے سترہ سال پرانی بات ہے- میں کنگ ایڈورڈ میڈیکل کالج کے لیکچر ہال میں سامنے والے ڈیسک پر بیٹھا تھا- یہ ہفتے کا دن تھا- یہ وہ والے پروفیسر صاحب کا لیکچر تھا جو خود رول کال لیتے تھے تو پورا ہال سٹوڈنٹس کے شور سے گونج رہا تھا جس میں میں بھی اپنا حصہ ڈال رہا تھا- اتنے میں اچانک میرے سر پر زور سے ایک کتاب لگی- سامنے دیکھا تو سامنے سفید کوٹ میں ملبوس جس کے تمام بٹن بہت قرینے سے بند تھے ہمارے پروفیسر صاحب کھڑے تھے جو ہمارے اتنا شور مچانے پر سیخ پا نظر آ رہے تھے- ایک دم پورے ہال میں یوں سکتہ چھا گیا گویا کہ کتاب میرے سر پر پڑی ہو لیکن دماغ باقی سب کے ٹھکانے آ گیے ہوں- میں بھی شرمندہ سر جھکائے بیٹھ گیا- ایک ایم بی بی ایس کی کلاس کے طالب علم کیلئے یہ کافی سبکی کی بات تھی- خیر لیکچر شروع ہوا- حسب معمول لیکچر بس میڈیکل کے بارے میں نہیں بلکہ اخلاقیات 'ڈسپلن؛ کرنل الہی بخش اور آنسٹی از دا بیسٹ پالیسی سے متعلق بھی تھا- جب کلاس ختم ہوئی اور ہم قطار بنا کر ہال سے واپس جانے لگے تو حسب معمول وہ پروفیسر صاحب رول کال لیتے جاتے اور ہم باہر جاتے جاتے- جب میرا نمبر آیا تو مجھے انہوں نے سائیڈ پر بلا لیا- مجھے لگا کہ اب مزید 'کلاس" ہو گی لیکن پھر اس آواز نے چونکا دیا: "رول نمبر 250- آئی ایم سوری"- میں حیرت اور خفت کے مکسڈ جذبات میں کہنے لگا "سر! شرمندہ نہ کریں- غلطی میری تھی"- وہ مسکرا - سر پر ہاتھ پھیرا اور پیار سے ایک چپت لگا کر کہا "ویسے غلطی تھی تو تمہاری ہی"---

یہ پروفیسر اور کوئی نہیں ہمارے بایو کیمسٹری کے پروفیسر کامران عزیز تھے

کنگ ایڈورڈ کے کسی بھی طالب علم جس نے پروفیسر کامران سے بایو کیمسٹری پڑھی ہوا گر آپ ان کے بارے میں پوچھیں گے تو آپ کو ایسی ہی کہانیاں سننے کو ملیں گی- پل میں غصے سے گرم اور اگلے لمحے حلاوت سے نرم- کبھی بہت موڈی اور کبھی بہت سموتھی- کبھی دور سے سٹوڈنٹ کو سزا دینے کیلئے چاک مار دینا اور اگلے لمحے پیار سے پچکار دینا- مزاج کا یہ اتار چڑھاؤ پروفیسر کامران کا خاصہ تھا- ان کے لیکچر بھی انہی کی طرح منفرد اور چٹپٹے ہوتے تھے جن میں کریب سائکل 'الیکٹران چین اور امائینو ایسڈ کے ساتھ ساتھ ہسٹری 'سول سائنس 'مذہب اور معاشرت کا تڑکا بھی ہوتا تھا- کامران صاحب محب وطن تھے اور قائد اعظم کے ساتھ ساتھ ان کے ذاتی فزیشن کے بھی دیوانے تھے- کرنل الہی بخش سے ہمارا پہلا تعارف پروفیسر کامران نے ہی کرایا تھا جو اپنے ہر لیکچر میں یہ بتاتے تھے کہ کرنل الہی بخش قائد اعظم محمد علی جناح کے ڈاکٹر تھے- جب بھی کوئی سٹوڈنٹ کسی دوسرے سٹوڈنٹ کی پراکسی (حاضری) لگواتے پکڑا جاتا تو کامران صاحب ہنستے ہوئے ایک بات جو کرتے تھے وہ مجھے آج بھی یاد ہے کہ "یار! یہ بھی کوئی چوری ہے؟ جب چوری کے رجسٹر میں نام لکھوا ہی لیا ہے تو اربوں کی تو کرو- حاضریوں کی چوری کر کے بدنام بھی ہوئے تو کیا نام ہوا"

آج صبح معلوم ہوا کہ پروفیسر کامران عزیز اب اس دنیا میں نہیں رہے تو یہ ساری یادیں ٹپ ٹپ کر کے قلم کی نوک سے بہنے لگیں- ان سے ایک عجیب طرح کی انسیت تھی جس نے آج لفظوں کا پہناوا اوڑھ لیا اور یہ تحریر وجود میں آ گئی جو شاید اپ کو بے ربط بھی لگ رہی ہو- آج ہم جو بھی ہیں 'جہاں بھی ہیں ان میں پروفیسر کامران عزیز کا جتنا بھی رول ہے اس کے بدلے ہم ان کی روح کے ایصال ثواب کیلئے دعا گو ہیں-————ایسے لگتا ہے کہ یادوں کا وہ دھاگہ جس کا نام بچپن اور لڑکپن تھا ٹوٹ گیا ہے اور ایک ایک کر کے سب موتی کھوتے جا رہے ہیں

انا للہ وانا الیہ راجعون

آسماں تیری لحد پر شبنم افشانی کرے
سبزہ نورستہ اس گھر کی نگہبانی کرے

Waqas Nawaz, MD
(Class of 2010)

Tribute to Professor Dr. KAMRAN AZIZ

The most memorable day during first 2 years of college was when Dr. Kamran made us clean the lecture theater per his instructions. What's even more amazing was that he participated with us too in this activity. Looking back, I can see how he wanted to instill humility into us through this act and to establish the narrative that no act is small. It was the first time in my life "k Pocha lagaya ho ga"

Many times I was sent out of class for not wearing the white-coat as I inwardly cringed. However, when my grandfather passed away and I missed many days of classes, he personally called me into his office to provide consolation and that was my first interaction with a professor face to face-and such a kind interaction!
All the memories brought tears into eyes!

May Allah Taala bless him with highest ranks in Jannat-ul-Fridous, Amen.

Sana Ashraf
(Class of 2008)

Dr. Kamran had that kind of personality which would leave a fascinating first impression. His confidence and communication skills would continue to inspire many of us. His classroom lectures were like a thrilling ride with moments of wisdom, joy, kindness and intense emotions. I am going to miss and cherish all those moments. May Allah bless him with Jannat.

Ata ur Rahim Bajwa, MD
(Class of 2008)

Inna lillahe wa inna ilahe Rajeoon....

Immensely saddened by the news.I can still visualize him teaching us all those cycles so perfectly. He had such a profound presence in the class, such command of his subject. A great teacher and a very vibrant human being.

May Allah have mercy on our elderly! May Allah grant him maghfira and bless him with the highest ranks in Jannah! Ameen

Abeera Sikander
(Class of 2008)

The class of 2008 has also collected money to contribute to current Kemcaana projects on his name. We pray that these small acts of charity from his students can serve as Sadaqah e jariyah for him in the Hereafter. Amen.

A KE COURTSHIP IN TIMES OF WAR

By Dr. Kamil Muzaffar - Class of 1967

KEMC in the 1960s was a very calm, serene and placid place. The square in front of the entrance to the Mayo hospital was sparsely crowded and there were just a handful of scooters parked hither and thither. The bulk of the activity was provided by the to and fro of the medical students who seemed to be walking around everywhere. We had 110 or so students in every class and only 10-12 girls. So with a male to female ratio of roughly 10 to 1, it was understandable that we were dealing with a lot of broken hearts and frustrated love stories.

My first year we had a strike which had as its theme 'Doctors Demand Dignity' from October 8th 1963 to November 2 1963. Around this time I made friends with Zakauddin Vera who was a year ahead of me in college and eons ahead in his abilities as a sportsman, pulling off pranks and also possessed with a wicked sense of humor. Zaki tutored me in which subjects could be disdained or dumped (Hygiene and Forensic Medicine). Needless to say he was wrong and got a supplementary in Hygiene. I was more fortunate especially since I had locked the hygiene professor in his classroom at the Hygiene institute a year later and gone home with the key. The hygiene professor was near sighted and far sighted at the same time. He needed to change spectacles many times during his lecture and had to deal with a very intelligent but very unruly bunch who thought nothing of flooding Patiala Block's #1 theatre with a garden hose and proclaiming that the Ravi Bund had broken and his parents home in Krishan Nagar was flooded. This last prank was from Dr Farooq Ahmad-very successful hematologist in Ohio.

Zarina Parveen was in the class one year ahead of me. She entered KE having topped both Matric and Inter exams from Rawalpindi Division and if that were not enough to catch my attention played a mean badminton forehand. My attempts to gain her attention were basically premised on taking her photographs and sharing them with her. Not a vehemently original approach nor need I say a very successful one. Easyon the eyes and with a serious demeanor made the competition for her attention outrageously intense with many senior students, few odd doctors and even a junior faculty member entering the fray. The standing of someone a year junior was very low in the realm of things. At the the beginning of my third year in September of 1965, we went to war with our western neighbor and college was closed. Zarina promptly announced that she had a job working in the Mayo Hospital Blood Bank and was busy all day. No blood bank was going to give me a job. Petrol was rationed and there was a curfew so I couldn't ride my Vespa scooter to college anyway. Boys living in the hostel didn't have to commute. Bleak and dismal times. Quite forlorn. After all how many pictures can you share and talk about.

We lived in Model Town's A Block. Across Ferozepur Rd just a few hundred yards across was the Gulab Devi Hospital.

Someone said that wounded army soldiers who were no longer in need of acute car were to be ensconced at Gulab Devi and they needed man power to get the wards ready. I rode my bike across and entered the hospital to find utter confusion. Beds, mattresses, sheets, blanket and other hospital paraphernalia were being unloaded. No one seemed to be in charge and the rumor was that patients would be arriving that evening. With my short white coat and newly acquired stethoscope, I guess I must have appeared to be someone who knew what was to be done. We soon had the beds lined up and the bedside lockers in place. The wounded began to arrive and before I knew it I was playing doctor . I supervised dressing changes, gave out pain meds or whatever each patients chart said they needed and made rounds writing notes on each clip board at the foot end of the beds. As best as I remember there was only myself for around 40 patients. On the third day of this charade Dr Zaffar Khan FRCS from Ganga Ram Hospital arrived with his surgical team of registrars, house surgeons and nurses to take over. On inquiring who was in charge I was put forwards as "Specimen A" . He looked at me and inquired ' House surgeon ?'. I mumbled ' 'No Sir'. He looked again, a very handsome and articulate man with a prominent mustache. Nattily dressed with the unmistakable aura of someone just returned from the UK ' Final year ?' he inquired. 'No sir. third year' I replied sheepishly. He looked with eyebrows raised and as I waited to be scolded, I could see him suppressing a smile. After a pause he said "My registrar will make daily rounds. You will report to her.' and pause again " Well done".

So for the next two weeks till classes resumed I was 'Doctor Sah'b' to all and sundry. The highlight of this sojourn was when two young officers in uniform and driving a jeep, came to the hospital from the CMH to inquire off the wounded. They made perfunctory inquiries and jauntily offered to take me to see Khem Kharan a village in India, which had fallen to Pakistan's First Armored Divisions offensive. This was not only exciting but very meaningful, as my mamu Brigadier Shami had embraced shahadat in the early days of the army's attacking maneuver. I eagerly accompanied the officers to my first foray outside Pakistan and was very excited to see through very naive and untutored eyes the destroyed armor and vehicles littering the country side.

It all ended when college resumed but I had a new swagger post-war, and I don't really know if this escapade made me look taller in Zarina's eyes. She topped the University the following year in the MBBS finals. She very sternly cautioned everyone that she was not willing to spend her life with someone whose priorities were student politics and sports. She felt I was redeemable and agreed that marriage to me was not as outrageous a proposition as when I had first broached the subject a few years earlier. The fact that Zaki and Zarina's very close friend Shireen was also getting married must have helped. The next 13 years were a whirlwind of residencies and fellowship and publications. The following twenty were in Islamabad as respective Heads of our departments at PIMS and building a school in our village in Wah and raising two boys and getting them settled. The last twenty have been at Loyola University. but that is another story for another day. It has been nigh 60 years since Gulab Devi Hospital and Khem Karan. Shereen passed away 2 years ago from ALS. We visit Zaki every year in California. Quite the journey.

What A Life Lived Despite Adversity!

Muhammad Asim Khan

(MD, FRCP, MACP, MACR)

Following is an autobiographical account of Dr. Muhammad AsimKhan- a testament to his perseverance as he faced various life challenges.

I was born in 1944 in a Pathan family in Basti Danishmandan, a township of Jullundur city in doaba region of the Punjab province. The Second World War was nearing its end and the devastated countries were starting to rebuild. But only 3 years later, a new calamity unfolded in British Colonial India due to the misdeeds of people like Louis Mountbatten and his wife, and Cyril Radcliffe. It sparked the largest migration in human history outside of war and famine, resulting in millions of people becoming refugees or perishing in the process.

I was one of those refugees who survived and faced the difficulty of growing up as a dispossessed refugee child, who, soon after, had lost his very handsome toddler baby brother from gastroenteritis. Since then, year after year, it saddens me to see an ever-increasing number of dispossessed, desperate, and defenseless refugees sharing my fate and most of them also share my faith.

My parents worked tirelessly to rebuild our lives and helped educate me and my four younger siblings to succeed in life. I received my education from the nation's three most prestigious academic centers – Government Central Model High School, Government College, and King Edward Medical College (KEMC), all located less than half a mile apart in Lahore.

My admission to KEMC faced an initial hurdle because I was a year short of the minimum admission age requirement of 17 years. I also noticed that I would be able, in two years, to meet the minimum age requirement of 18 years for the First Professional Examination that takes place 2 years after admission. On that basis, I sent a passionate handwritten letter to Nawab of Kalabagh, the newly appointed Governor of the Punjab province. I was delighted when he invited me to meet him at the Governor House. At our meeting he said that he had read my letter and after our conversations he was convinced about my age and decreed that I should be admitted. That year was 1960 and the College celebrated its 100th Anniversary.

I was the favorite of the girls in my class, may be because of my good looks and charming personality, and they nicknamed me "nanna" (baby) because of my age. Their company did impact me physiologically, which resulted in appearance of my facial hair. Two years later I gained the respect and recognition from all my classmates and teachers alike when I received medals for being ranked first in both Anatomy and Physiology in the First Professional Examination.

Not too long after graduation in 1965, I went to the college campus to inquire about the date of our graduation ceremony. There I came to know that the neighboring country had sneakily attacked at night to capture Lahore. I voluntarily enlisted myself in the Pakistan Army Medical Corps (PAMC), and in my zeal to serve I did not reveal that I had been suffering from ankylosing spondylitis since age 12. I felt that I was morally obligated to repay with my service to my beloved country which had accepted me as a refugee and spent many precious resources on my education.

What irks me even to this day is the fact that no other classmate of mine volunteered to serve while the war was raging. I guess that they may have felt that their life was more precious to them than their moral obligation.

Nations are built by its citizens, and what my able-bodied male classmates did may have been an early sign of declining moral values. It saddens me that now it's difficult for a morally upright and honest person to live with dignity and self-respect in a nation that has been ruled for most of its 75-year history by the Army or by two dynasties.

I finished my Army service as a Captain in PAMC in 1967 and flew to England to pursue postgraduate training and two years later moved to the US. I elected to stay in the US, primarily because of my medical needs. My severe ankylosing spondylitis had led to complete fusion of my spine, and over the years I underwent bilateral total hip arthroplasties with 3 subsequent revision surgeries. I also once had a fracture of my ankylosed cervical spine. I suffer from hypertension and also coronary artery disease that required coronary angioplasties and later insertion of a coronary artery stent. Interestingly, the anticoagulation therapy given during placing of the stent caused a painless hematuria that led to total resection of my cancerous right kidney.

In later years, I had difficulty finding a daring neurosurgeon to remove my symptomatic pituitary macro-adenoma because of my ankylosed and stooped neck. So, I proposed to one neurosurgeon, who as a medical student had attended my lectures many years earlier, to let his surgical colleague perform a tracheostomy just before the trans-sphenoidal adenoma resection. The surgery was successful, but I now do receive pituitary hormones replacements. And I have elected to live with the tracheostomy to facilitate any emergency tracheal intubation in future.

I also happen to suffer from severe obstructive sleep apnea (apnea hypopnea index of 45) that requires the use of a BiPAP machine for sleep. I also wear a cardiac pacemaker, suffer from asthma and gout, and for the last many years I have been walking using a 3-wheeled walker.

On June 7, 2022, I walked into a hospital at 7:30 AM using my walker and walked out at 7:30 PM the same day with a new aortic valve without any visible stitches on my body.

My academic journey began in 1973 when I joined the medical faculty of the Case Western Reserve University School of Medicine in Cleveland, Ohio. I served as a tenured full Professor of Medicine till 2012, when I was awarded the title of Professor Emeritus of Medicine.

I am a Fellow of the Royal College of Physicians (FRCP), Master of both the American College of Physicians (MACP) and the American College of Rheumatology (MACR), and a recipient of the American College of Rheumatology's Distinguished Rheumatologist Award. I also cherish the Spondylitis Association of America's Award for "Lifetime of dedication and devotion to people with ankylosing spondylitis who have persevered and gone on to be of service to others."

I have authored or co-authored 300 scientific publications (not including 8 books, 52 book chapters, and 175 scientific abstracts). I am a section-editor of a rheumatology journal called Current Rheumatology Reports.

In 1997, I wrote my only poem, it is titled - "It was meant to be" - a nice phrase that I had heard or read somewhere:

It was meant to be.
A three-years-old
Had to leave
All his toys behind,
And flee
To a land
Pak and free.
It was meant to be.
And now how old is he?
Add fifty-three.
Balding and slowing
And gently bowing,
But he is proud and free.
It was meant to be.

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Dr. Asim Khan is Professor Emeritus of Medicine at Case Western Reserve University, Cleveland, OH.
He is a notable recipient of KEMCAANA's Distinguished Alumnus Award of Academic Excellence in 1998.

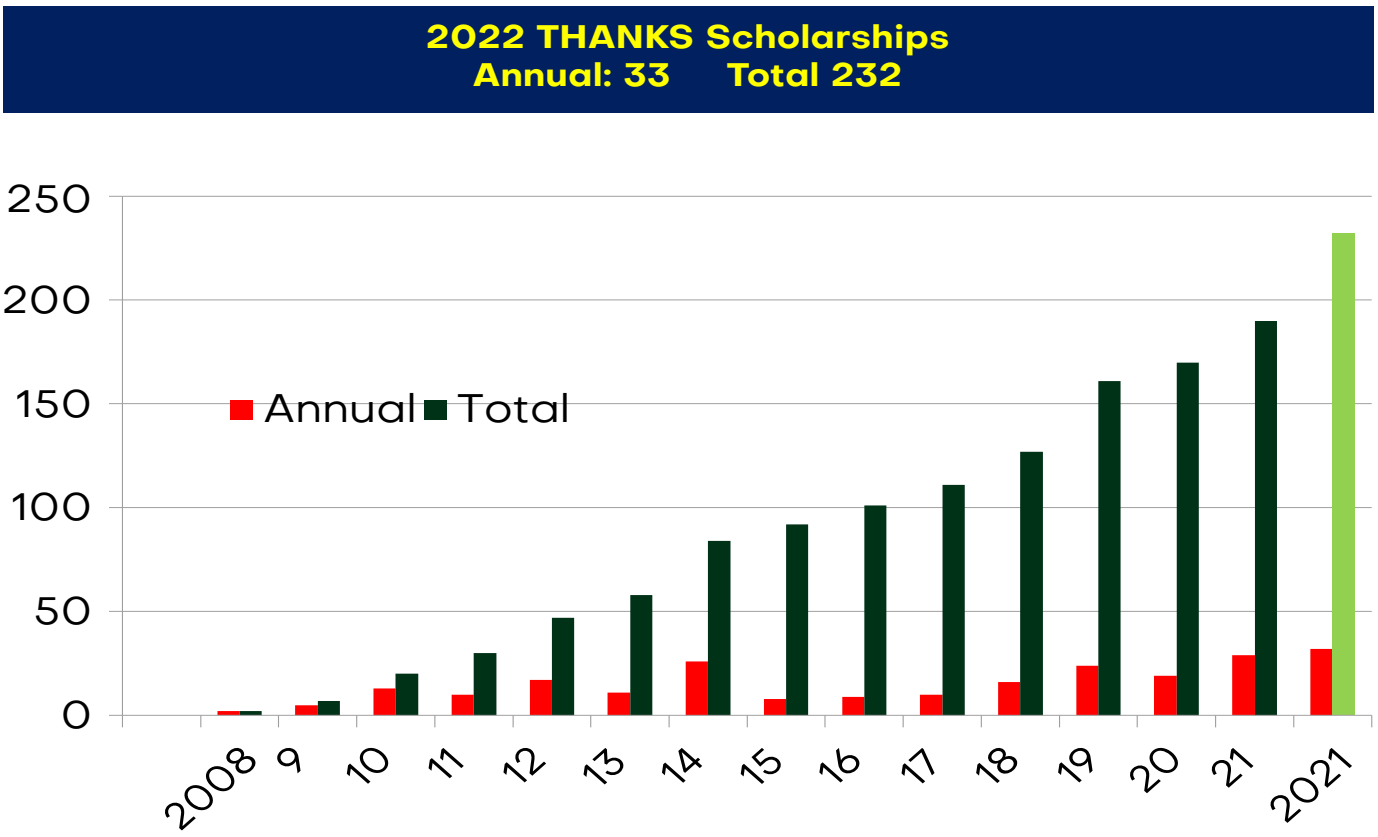
KEMCAANA
2022 THANKS SCHOLARSHIP REPORT

33 New Scholarships

This year, THANKS Endowment is funding the tuition fee needs of all incoming **eligible** first year medical students. We believe, this program represents one of the truest forms **of Sadaqah-E-Jariyah.**

"THANKS" scholarships were established by Bashir and Tesneem Chaudhary in 2008 to help KEMU students with their tuition. The acronym "THANKS" represents **T**uition **H**elp from **A**lumni for **N**ew **K**E **S**tudents. So far, these have been need-based scholarships. Our goal has been to make KEMC a tuition free institution.

THANKS scholarships also provide us an opportunity to pay our thanks. We are thankful for the five magical years at our alma mater where we had the best teachers and made our lifelong friends. These are named scholarships and the pictorial web pages for these scholarships provide us an ideal way to thank the people in our lives who helped us to be what we are today. THANKS donations become part of the KEMCAANA Endowments and are invested in stock market. The THANKS endowment at the present time exceeds a million dollars. During the year **2022, 33** new scholarships were established bringing the total to 232 scholarships.



THANKS SCHOLARSHIPS REPORT

2022 Donors

200 Amjad Zaheer (KE 70)

201 Bashir and Tesneem Chaudhary (KE 70,74)

202.Mohammad Riaz (KE 64)

203 Bashir Chowdhry (KE 68)

205 Sohail Rana (KE 75)

206 Ashiq Javaid (KE 2002)

208 Nargis for dad Hilal (KE 67)
209 Nargis for mom Hilal (KE 70)

210 Mohammad Nawaz (KE 70)

212, Riazul Imami (KE Faculty)

216 Saleem Khan (KE 69)

217 Muneera Mahmood (KE 71)

220 Naseem Ahmed ((KE 70)

THANKS SCHOLARSHIPS REPORT

222 Zakir Qureshi (76)

224 Class of (KE 95)
232 K.Saleem (KE 75)

225 Muhammad S. Anwer (70)

226 Mukhtar Gani (KE 57)

228 Inam Haq (KE 70)

229 Riaz Lone (KE 70)

THANKS COMMITTEE







Bashir & Tesneem KE 70, 74 | Daud Ashai KE 1985 | Ahmed Malik KE 1984 | Riaz Lone KE 1970 | Aman Munir KE 1955 | Abrar Saleem KE 1988 | Amjad Zaheer KE 1970

ONE SCHOLARSHIP CAN BE ESTABLISHED BY A DONATION OF 5000 DOLLARS

BY BASHIR A. CHAUDHARY, MD
DIRECTOR, SLEEP INSTITUTE OF AUGUSTA
EMERITUS PROFESSOR OF MEDICINE, AU

Dr. Sameer Shafi

The Philanthropist

Pakistan is among the list of countries where infectious diseases are still contributing to the high fatality rate. Unfortunately, the country has the second-highest prevalence of Hepatitis C& stands on number four in drug resistance tuberculosis cases. In-order to curb the menace of infectious diseases, I, along with a group of Pakistani doctors from North America and a few Kemcolians from Pakistan, got together and created Volunteer Force Against Hepatitis Transmission (VFAHT) in 2016 with only 100 student volunteers from 5 local chapters in medical institutes in-order to create a mass movement aimed at raising awareness about infectious diseases mainly Hepatitis B and C.

In 2020, after a journey of six years, I envisioned extending the services through establishment of Infection Prevention and Control (IPAC Foundation), with the mission to reduce the burden and break the chain of infection transmission through early diagnosis and proper treatment.

IPAC has established itself as a strong contender in the field of preventive healthcare and all our divisions namely Volunteer Force against Hepatitis Transmission [VFAHT, VFAHT Kids] Community Health Program, Public awareness sessions,Telehealth Infectious Diseases Clinic, and Chiraghdin Community Health Centre have been officiated under its umbrella. Public Awareness through 3000 volunteers of VFAHT aims at educating people through seminars, webinars, walks, social media, and door-to-door awareness programs. The components of these campaigns include Safe Blood Donation Seminars, Hand Hygiene Awareness Drives in schools, Hepatitis Awareness Campaigns, and awareness about other infectious diseases. Through health camps, VFAHT aspires to screen and vaccinate the masses against deadly infectious diseases. These camps also double back as a source of disseminating awareness about the disease and advocating preventive interventions.

In 2021, we founded a state of the art, Infectious Diseases Center named, Chiraghdin Community Health Centre in Sialkot, in collaboration with the Primary & Secondary Health Departments of Punjab. We are working toward our goals of early detection and the availability of equitable and sustainable health services that will pave the way to break the chain of transmission. The purpose of these center is to provide free-of-cost advanced quality medical services to the people along with educating them & spreading awareness about preventive healthcare & necessary preventive measures. To ensure the provisioning of services to the people in need, our inclusive has transformed the lives of hundreds of thousands of patients via free consultation, free medicines, free lab tests and free vaccinations. In addition to treating infectious disorders, the center also deals with other diseases on a secondary level.

Our second facility in Lahore, Hepatitis Clinic, is committed to offering free treatment for hepatitis B and C. The clinic was inaugurated in July 2022. It provides free-of-cost diagnostic and treatment facilities to patients against Hepatitis. Additionally, the clinic also provides counseling regarding Hepatitis B & C.

Furthermore, we have embarked on a new journey of long-term behavioral change by educating the future generations. We are contributing to F.G. Public High School, Nowshera Cantt Renovation & Upgradation Project by providing safe drinking water and upgradation and renovation for clean and hygienic environment. The focus is on Introducing Infection Prevention & Control curriculums & hands-on training sessions for children. We always emphasize prevention-based healthcare, & contributing to this project is yet another step toward our goal.

Pakistan must shift to prevention-based health care before it's too late. Here are some potential call-to-action statements for hepatitis B and C prevention: Get vaccinated, practice safe injection practices, get screened, educate others and most importantly Support prevention efforts by donating to organizations like the Infection Prevention and Control Foundation that are working to prevent the spread of infectious diseases. Your support can help fund expand, research, educate, and outreach efforts aimed at stopping the spread of these infections.

Writer:
Dr. Muhammad Sameer Shafi
MD Nephrology and Internal Medicine.
Co-founder Dialysis Care Center and Kidney Care Center Chicago, USA.

Dr. Umar Tariq

The Finance Expert

Dr. Umar Tariq graduated from KEMU in 2009 and completed his MBA from Arizona State University (ASU) in 2022. He served as chair of Young Physicians Committee (YPC) KEMCAANA in 2022 and 2023. He is practicing as an Interventional Radiologist practicing in Chicago, affiliated with Rush University. In this article, he shares his financial insight, especially physicians who are beginning to understand and get involved in asset development.

12 key steps for achieving financial freedom and security by Umar Tariq, MD MBA

In the US, it is not about how much money you make but how much you keep/ invest. I have seen millionaires who made less than $70,000 per year and saved/ invested enough to become a millionaire in their 40s. I have also met people who used to make millions every year but were broke during retirement. I used to wonder how come the richest people in the US pay no taxes while we as trainees in medicine pay more taxes than them while making way less.

Unfortunately, coming from Pakistan, we don't really get any financial education and get thrown into the top percentile of US salary without any real formal

education of investing, money management, wealth and asset protection. To make it worse, we come from a culture where it is not easy to talk about money openly; we don't want to be seen as materialistic professionals chasing money but for me, wealth also equates to more philanthropy, more charity while providing you, your children and your family the much needed security and peace of mind. Most of the financial advisors we reach out to don't assume fiduciary responsibility and are not looking out for our best interest but looking to make commission by having us buy suboptimal products. To navigate all this and to learn about the art of money, I did an MBA but formal education cannot teach you the pearls of personal finance. Over the years, I devoted myself to learning about wealth management and protection by reading books like Tax Free Wealth, Rich Dad Poor Dad, White Coat Investor, The Intelligent Investor etc. I learnt to shift from an Employee mindset to Investor mindset.

But I learnt the most from the senior Pakistani physicians (mostly Kemcolians) who opened up to me and shared their financial decisions with me, both good and bad. I learnt what worked for them and what didn't. There is a wealth of knowledge and wisdom that our seniors have and many of them were kind enough to share that with me. This is really a niche segment; we cannot use the strategies designed for American medical graduates (AMGs) who have tons of loans or other IMGs who don't have any real financial obligation to support their families back home. Just like how there is no "one size fits all" approach in medicine, financial planning has to be personalized too. In this article, I will briefly summarize a few tips/ tools to help you come up with your own personalized financial plan. While it is impossible to share all the relevant information in one article, these 12 points should provide you a basic foundation:

- Find a local lawyer and make a will and a trust for your kids.
- Get specialty specific disability insurance and 20-30 year TERM life insurance (whole life insurance is not a good idea). Consider Umbrella Insurance too!
- If you do locum/ 1099 jobs, please consider opening an LLC for liability protection. Make sure you put your expenses on business to get maximum tax deductions especially HOME OFFICE DEDUCTION, phone bills & internet expenses. Also, consider putting money in a Self-Employed Professional (SEP) IRA from your business LLC.
- Know your retirement number (money needed to retire). Calculate average monthly expenses and multiply it with 300. If you spend 10k per month, you need at least 3M to safely retire. Also, if you don't take out more than 4% of your portfolio every year, your portfolio will continue to grow indefinitely.
- Max ROTH 401k: $20,500 for 2023. You can put 401k in target retirement funds or institutional index funds. If you do institutional index funds, make sure you sell 20-30% of it and put it in target retirement funds when 60. Typically, the rule for index funds investment is 100 - Your Age = Invested in Index funds, however I don't believe in it and Warren Buffet advocates for a more 90 % invested/ 10 % cash mix.
- Max Roth IRA (backdoor) every year: $6,500 for people under 50, or $7,500 for people 50 and older. Transfer the amount to a traditional IRA and then call your brokerage who will transfer it to Roth IRA. You will need to fill form 8606 then when filing taxes.
- Max After Tax 401 k and Roth convert it twice a year (mega backdoor). After deducting initial $20,500, this number is $45,500 minus your employer matching if they do. Total 401(k) plan contributions by an employee and an employer cannot exceed $66,000 in 2023. Catch-up contributions bump up the maximum to $73,500 in 2023 for employees who are 50 or older.
- It is a good idea to add a Health Savings Account (HSA) into the mix whenever available. It's the only free and comes out tax free as long as it is for

qualified health expenses which we'll all probably need some time at some point in our lives. And you can invest it as you like.

- When you switch jobs, transfer after tax 401k, 403b, 457b money into Roth IRA. For pretax 401k you can either transfer it to a traditional IRA or pay taxes on it today and put it in a Roth IRA for future tax free growth. Put half in Vanguard 500 Index Fund ETF: VOO or SP Funds S&P 500 Sharia Industry Exclusions ETF: SPUS (SPUS is shariah compliant halal VOO) and the other half in Invesco Trust Series 1 NASDAQ: QQQ.
- If you have to do just ONE investment for kids, consider a Custodian Roth IRA for kids rather than 529. If you can do two, then do both 529 and custodian Roth IRA. If you do 529, do a self directed 529. Again, put half in VOO or SPUS and half in QQQ.
- If you invest in real estate locally and your spouse doesn't work or works part time, look into real estate professional status for spouse (need to work 750 hours per year managing real estate and keep a detailed log of all hours) to use depreciation (preferably accelerated notsimple/ linear) tax deduction to offset your W2 and 1099 taxes.
- *If you are still left with money to invest, open a brokerage account and put a fixed amount every month in VOO or SPUS and QQQ (index funds) especially if you are new to the market and don't know what you are doing.*

Remember you never make money or lose money till a trade is closed (Realized Gain/ Loss).

Before that, it is Unrealized Gain/ Loss which should never worry you. Once you have done all above steps, you can either continue with index fund investing or dive into active stock picking, real estate investments, syndicate investing or crypto investing. I personally support diversification of assets and do not recommend short term trades, options trading or even some forms of crypto investing as at times, they can be a huge money losing tool. For me, the first step of investing is to not lose the initial investing capital. While it is impossible to mitigate that risk, it is just too high with day trading, options and crypto investing.

To learn more on this topic, you can check out my financial guidance videos in the "Financial Education" playlist on my Youtube channel "Mededia" and read the books I suggested above.
Good luck for your financial life and happy hustling!

Mother's Day in Pakistan 2023

Naheed M Qayyum MD

Founding Member HDFNA

Does Pakistan celebrate Mother's Day? And I proceeded to google it! "The nation of Pakistan celebrates Mother's Day every year on the second Sunday of May. This year too Mother's Day will be observed with great affection and gratitude to mothers and motherhood" –is what I read on the web. Information about celebrations, brunches, gifts and flowers abound as one surfs the internet.

I also found that celebrations of mothers and motherhood can be traced back to the ancient Greeks and Romans, who held festivals in honor of the mother goddesses Rhea and Cybele. However, the official modern day Mother's Day holiday was created by Anna Jarvis in 1908, following her mother's death, and became an official U.S. holiday in 1914. She conceived of Mother's Day as a way of honoring the sacrifices mothers made for their children.

Motherhood indeed is not only held sacred in humanity and all civilizations, but we find it in animal kingdom as well. All religions, ancient and Abrahamic, including Islam, hold motherhood in great reverence. The Holy Quran talks about the pain, hardship and sacrifices of motherhood as follows:

"His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months." (Surah Al-Ahqaf Verse 15)

But what about mothers who don't survive the proverbial "hardship" of pregnancy and labor, and give the ultimate sacrifice during childbirth.

Pakistan is one of the countries in South Asia ranking high in maternal mortality rate which is a major concern. "Pakistan Maternal Mortality Survey 2019" conducted by National Institute of Population Studies funded by USAID shows a maternal mortality rate of 186 per 100,000 live births, which is up from MMR of 140 per 100,000 live births in 2017. It also shows a considerable variation between the urban and rural populations. But the grim fact remains that 295,000 women die annually in Pakistan due to childbirth related causes, most common being post-partum hemorrhage, puerperal sepsis and eclampsia.

Sadly, as physicians, we know these are preventable. Lack of healthcare facilities, poor quality of healthcare services including inadequately trained /skilled staff, are few of the major factors. Poverty, lack of education, malnutrition, multiparity, gender inequity, sociocultural values and socio-economic factors, and unfair distribution of resources, all increase the MMR in rural areas as well as impoverished urban areas. The fact that Pakistan spends less than 1% of GDP on healthcare leaves no hope for any improvement.

What is needed is a change in policy at the national level, to not only reevaluate the provision of accessible healthcare facilities and services, with skilled staffing, but also to invest in the public education and awareness program including family

planning. Mother and Child Wellness centers at district level to provide ante natal, perinatal and post-natal care and monitoring, complete with women and community education programs in nutrition and contraception.

But while we wait for the Government to act, we cannot stand by and let 295,000 women die annually in Pakistan: that is more than 33 women every hour!!

This is unacceptable and calls for action.

We at HDF have been doing just that for the last 25 years. With our holistic programs 3.4 million people have been impacted in 7000 villages where major proportion of beneficiaries are women and children. As we address multidimensional poverty with our holistic approach, our programs include health education with personal hygiene, contraception, child spacing and provision of ante natal, peri natal and post-natal care and monitoring. The Mother-Child Wellness programs include Mother and Child nutritional supplements, immunization and growth monitoring. Kitchen gardening and community gardening provides additional food security and economic independence: all contributory factors in lowering MMR and IMR.

Our Community Healthcare Centers (CHCs), staffed with medical teams of skilled professionals, comprising of a doctor, Community Health Workers (CHW), Lady Health Visitors (LHV) and a dispenser, provide basic healthcare at the CHC, as well as door-to-door services on health issues such as, family planning, immunization, antenatal and postnatal services to women in all regions. Healthcare access for remote communities is ensured with Medical Camps and mobile clinics where needed. Our trained birth attendants provide safe deliveries, and refer the complicated pregnancies to an area hospital in a timely fashion.

With this holistic preventive approach and effective interventions, the impact is tremendous in our HDF for malnutrition. Contraception prevalence is 66%. Infant mortality rate in HDF program areas is down to 24% (Pakistan National IMR for 2022 was 56.888). Lives are being saved every day in HDF programs covering 91 Tehsils in 69 districts.

But rest of Pakistan is waiting for that policy change and budgetary allocation, so healthcare can be made accessible, affordable and effective; So young mothers don't have to die due to preventable causes; So lives can be saved and MMR lowered to that of the developed world.

“Laut jaatee haey udhar ko bhee nazar kiya keejaeye”

So, this Mother's Day, as we all go out for brunch, or think of the best gift or gorgeous bouquet for mom, let us not forget the 295,000 mothers that will die this year. We cannot save all of them, but let’s try to save as many as we can.

Happy Mother's Day to you all,

and to all the mothers we can potentially save!

Author: Naheed M Qayyum, M.D, KE 1977, is a lifetime member of KEMCAANA,APPNA and PPS, has served as Secretary/Treasurer of APPNA SEHAT and then went on to become a Founding Member of HDFNA .She has served on the Board of Directors, as well as the Chairperson for two terms. She continues to serve as a Trustee and is passionately involved with the mission and vision of Human Development Foundation to make a difference in lives of the impoverished People of Pakistan.

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Dr. Iram Hussain

Assistant Professor, Division of Endocrinology,
Diabetes, and Metabolism; Department of Internal Medicine
University of Texas Southwestern Medical Center, Dallas, TX

It was a humbling moment when I was asked to write something about myself that would be featured in KEMCAANA journal. KEMU has a reputation of producing high achievers, and this recognition from my colleagues is an honor and a privilege.

When I look back at my journey from a shy first year medical student to a much more self- assured subspecialist, I remember both the struggles and triumphs. But most of all, I remember that being a Kemcolian makes you part of an elite group – and gives you confidence you might not otherwise have.

I am currently a faculty endocrinologist at the University of Texas Southwestern Medical Center, Dallas, Texas, USA, with special interest in thyroid disease and procedures. I am one of the pioneers in the emerging field of interventional endocrinology and set up the program for radiofrequency ablation (RFA) of thyroid nodules at UT Southwestern. This is the first academic endocrinology-led thyroid RFA program in Texas, and the second in the US. There are currently only 150-200 physicians who perform this procedure in North America.

I have several publications to my credit and have contributed to a book on RFA of thyroid nodules (in press). My invited slideshow, "Shrinking Thyroid Nodules with Radiofrequency Ablation" is available on Medscape.

I am the lead author on NASOIE's consensus statement on thermal and chemical ablation of thyroid nodules, available at www.nasoie.com, and a co-author on the American Thyroid Association's consensus statement on the subject due to be published later this year.

None of this would have been possible without the base provided by KEMU in addition to sheer hardwork and support from my family. It is my hope that Kemcolians will continue to support each other all over the world and give back to our motherland.

Dr. Iram Hussain, a graduate of 2008, is the Vice President and a founding member of the North American Society of Interventional Endocrinologists(NASOIE) which is dedicated to advancement of cutting-edge treatments and interventional thyroid procedures.

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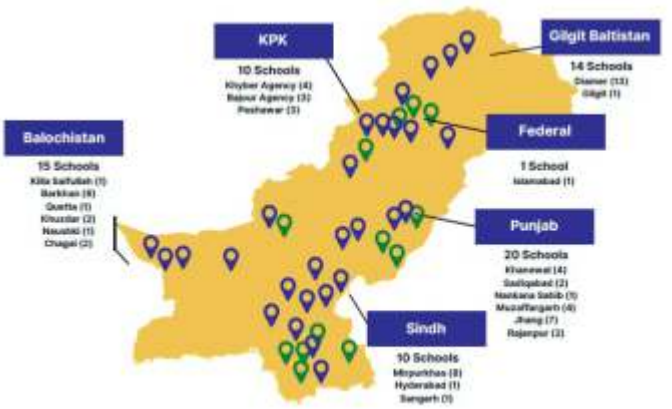

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KEMCOLIAN TO KEMCOLIAN

Dr. Waqar Khan, MD

Then: Dr. Waqar Khan, graduate of KE in 1986, was the editor of KEMCOL's 125 years celebration issue in 1985. He was also a member of the KE debate team and him along with his teammate Omar won the "All Pakistan English Debating Trophy for KE in 1984 at Kinnaird college, Lahore.

Now: Over the years Dr. Khan has established himself as a noteworthy cardiologist in the greater Houston area, after completing his training at University of Texas Medical Branch in Galveston and St. Elizabeth's Medical Center–Tufts University School of Medicine in Boston. He also holds a degree of Masters in Public Health from the University of Texas Health Sciences Center in Houston.

Despite his various professional commitments, Dr. Khan did not give up on his literary passions as he successfully crossed different milestones in his career. He is a notable author of a book titled "Be Heart Smart – Understand, Treat and Prevent Coronary Heart Disease" which is a true testament to his clinical and literary skills.

Dr. Madeeha Shahzadi, MD

Then:
Dr. Shahzadi, graduate of 2007, was the gold medalist of her session in Clinical Medicine, Ophthalmology, Anatomy and Biochemistry. She was also a member of King Edward Dramatic Society and an active participant in theater activities.

Now:
Dr. Shahzadi has found success as a pulmonologist and intensivist and was recently included in "Marquis Who's Who"

Dr. Shahzadi stood on the forefront in the battle against COVID-19, treating thousands of patients and working in a multitude of clinical settings. For her accomplishments in this regard, she was distinguished as a Top Doctor in New Jersey in 2021. Outside of her vocational circles, Dr. Shahzadi partakes in such avocations as reading literature, writing poetry, stage acting and traveling abroad.

In the land of Saadi

Following is an account by Dr. Asif Javed after APPNA's Oct 2022 trip to Iran. Dr. Javed is a graduate of KE, Class of 1981.

Our group of sixty Pak American physicians landed at Tehran Airport on Sep 22 with apprehension. For understandable reasons, Iranians have a certain hostility towards West in general and USA in particular. Also, the relations between Pakistan and Iran have been up and down since the Islamic Revolution. The immigration officer, however, was polite and we had a trouble-free entry in the fabled land of Hafiz and Saadi.

The first thing that strikes a visitor from abroad is that Iranians are very good-looking and polite in nature. We spent around ten days in public places, and did not observe any incident of yelling or any argument. Country is remarkably clean. Any sight of trash or litter on ground is rare.

Due to sanctions, inflation is high. One US dollar fetches thousands of riyals. The education level is much higher than in Pakistan. Over 80% females are educated. While alcohol is prohibited, smoking is common.

The recent demonstrations, so much in the news in US, were reportedly taking place in Iran during our visit. We did not observe any. This may have been a coincidence or, perhaps, our tour guides tactfully kept us away from the troubled areas. Imam Khomeni and the current supreme leader's pictures are everywhere. It is a constant reminder to any visitor of ruling theocracy.

Men in cities wear typical western dress. Not many grow beards. Hijab is strictly enforced in women including visitors. For the visit to shrines, women are required to wear a chadur which is almost like a burqa. Iranian music is rich and sounds very similar to Pakistani music.

The city of Tehran is like Lahore: congested, expensive and with dangerously high air pollution. Isfahan, once the capital of Safavids, is easily the most beautiful city. Shiraz, in Southern Iran, is the resting place of two of the giants of Persian poetry: Saadi and Hafiz. We were told that most Iranian households have at least two books: Quran and Dewan-e-Hafiz. Hafiz remains the most popular poet in Iran. Not far behind Hafiz is Saadi: The author of Gulistaan and Bustaan, both considered landmarks of Persian literature. As far our own Iqbal, he is known in Iran as 'Iqbal Lahori'. Iqbal's Persian poetry has been part of syllabus until recently. Having heard this, one begins to wonder how many households in Pakistan have Bang-e-Dera or Zerb-e-Kaleem. Just a thought!

Iran had Umar Khayam, Firdausi and Rumi too. Rumi was born in Balkh, now in Afghanistan, and later moved to Konya, Turkey. But Balkh was a part of Persian Empire back then. So Iranians do have some justification over claim to "the most popular, and the best selling poet in USA"

Resentment towards Arabs is palpable and there is more to it than the obvious Shia Sunni divide. Unlike Arabs, Iran has consistently, and forcefully, defended Palestinian cause over the years. The assassination of General Qasim Sulamani by what Iranians call Shaytan-e-Bazurg has made him a national hero.

The Persian culture has influenced us in the Indian sub-continent more than we realize: Persian used to be the court language in the Mughal era; it was part of syllabus when this scribe was in school in late sixties. Gulistaan and Bustaan were house-hold names until a generation ago. The legend of Shirin Farhad that was written by Firdausi in Shahnameh, and later made popular by Nizami Ganjavi, is widely known in Indian Subcontinent. It has been filmed several times. The most popular was the 1956 version in which Madhubala played Shirin's role. Firdausi's Shahnameh, considered the national epic of Iran, also introduced the characters of Rustam and Sohrab to India. Their story too has been filmed in India. Additionally, there have been interesting historical connections between Iran and Indian Sub-continent: Safavids were contemporaries of Mughals of India. It was with assistance of Shah Tahmasp of Persia that Humanyun was able to reclaim the throne of Delhi after he had fled to Persia following defeat to Sher Shah Suri. A huge painting in a museum in Tehran is a loud reminder of this to the visitors.

Imam Khomeni had spent the last years in a rented house in a middle-class neighborhood in Tehran. It is a very modest dwelling used by the supreme leader. When Eduard Shevardnadze, the FM of Soviet Union came to visit, he too sat on the carpet as did Khomeni. Our leaders who own luxurious properties in foreign lands and proudly display million dollar watches have an example in this. Raza Shah Pahlavi's Niavaran Palace is what you expect: modern with all kinds of luxuries. Ironically, the final resting places of Shah and Khomeni are also very different: Shah's is deserted while Khomeni's is full of visitors.

No visit to Iran is complete without seeing Persepolis. Also known as Takht-e-Jamshed, it is a vast compound of ruins of Achaemenid Empire's capital. It was here that 2500th anniversary of Persian Empire was celebrated. The 'greatest of all parties' was a strange spectacle, attended by heads of state from all over the world. This included Yahya Khan. As far the unfortunate Shah, he was hounded out of Iran in 1979, and was never to return. His grave in Al-Rifa'i Mosque, Cairo, Egypt lies next to that of his former brother-in-law, Shah Farouk of Egypt. There were no visitors when this scribe visited a few months ago. As far Yahya Khan, history has passed the verdict.

Muhammad Asad, who spent several months in Iran back in the 1930s, has made some interesting comments about Iran in his book Road to Mecca:
“In no nation is the cult of the hero so deeply ingrained as in the Iranian and this man (Riza Khan Pahlavi) here seemed to be a hero...Iranians are display-loving but gentle, polite, and shrewd...”

At another place, Lloyd Jones states "The foreign powers who invaded Iran across many successive centuries--the Arabs, Mongols, and Turks--eventually ended up being conquered by the culture they aimed to destroy. The sheer force of Persian civilization, its deep historical legacy, overpowered them as they became thoroughly 'Persianized'."

As far the Indian Sub-continent, two first ladies of Pakistan (Nahid Iskandar Mirza and Nusrat Bhutto) have been Iranian. Further back, Noor Jahan, a woman of great intelligence and driving ambition, also of Persian ancestry, was arguably the most influential wife of any Mughal emperor. And, lest we forget, Taj Mahal, one of the wonders of the modern world was created for her niece Mumtaz Mahal.

Iran has been in the news lately. The hijab controversy refuses to go away. There is a simmering discontent that likely represents the struggle between Iranianism and Islamism. Iran has a lot of potential. It has abundant natural resources and an educated, growing middle class.

Iranians are intelligent and resilient people. Will the nation of Cyrus the Great, Darius and Xerxes ever regain its former glory? Only time will tell. But it seems to be long overdue.

References:
Persians by **Lloyd Jones;**
The Road to Mecca by **Muhammad Asad.**

The author is a physician in Williamsport PA and may be reached at asifjaved@comcast.net.

(All the pictures for this article are contributed by Dr. S Rana)

PROFESSIONALISM AND CULTURAL COMPETENCY: A GUIDELINE FOR MEDICAL GRADUATES AND RESIDENTS

By Furrukh S Malik (M.D, FACC)

Prior to start of formal medical training, many medical students have had the opportunity to come to United States for clinical electives or to spend time as observers in various universities and hospital systems. However, a significant majority still have very limited understanding of the administrative set-up, healthcare atmosphere and cultural quotient of American life. In last decade or so, perhaps because of many social and personal limitations of foreign medical graduates, many issues have been brought forward that need to be addressed. This current paper is designed to give a broad overview of the U.S. healthcare system and describe the general expectations from training staff in various hospitals.

The U.S. healthcare system

Healthcare system in the United States primarily involves private hospitals and universities. The training of the residents is funded by Graduate Medical Education (GME), an entity of Federal U.S Government. Hospitals with training programs are teaching Hospitals with Department of GME.

GME department has clinical staff as well as employed teaching faculty, and many among them are staff members of the healthcare team. In University Hospitals, staff members have academic appointments with academic hierarchy. Most residents are sponsored by GME and are part of the medical staff. Medical staff office has a set of guidelines for setting standards of healthcare practice, by-laws to protect medico-legal interests and safety protocols for efficient, safe and reliable care of the patients. These by-laws are also applicable to all the medical staff including medical residents.

- The 1st part of U.S. healthcare involves the safe, efficient and appropriate delivery of healthcare to the most important entity that is the "Patient". Hence significant part of the medical staff by-laws is designed to protect the patient. There are also by-laws for protection of the medical staff. Guidelines are also available in most teaching hospitals for protection of sensitive patient and physician information.
- The 2nd aspect of healthcare involves "Healthcare Resources" i-e hospitals and outpatient clinics. Most hospitals are private and are run by various professional companies/counties/cities or corporations. They also have a set of guidelines for safe operation of various healthcare related equipment and availability of safe access to the patient. They have their own set of rules and guidelines to conduct their business.
- The 3rd part of healthcare system includes "Paying Entities" that pay for the care delivered. The government health Care is run by Federal government which includes Medicare and state-run program called Medicaid. Private pay usually involves commercial insurance companies that have contracted with the hospital/state or Federal government to pay for healthcare services on behalf of its members. Those contracts are also governed by a set of legal professional guidelines with certain requirements needed from healthcare staff including residents.
- The last entity of the healthcare system is healthcare "Work Force" that includes physicians, allied healthcare professionals, nurses and paramedic technical staff.

Current healthcare delivery involves direct interaction with information technology and its variants. Electronic medical record is essential part

of U.S. healthcare and requires a good understanding of electronic interface of patient physician encounters. Understanding and interacting with fast computer soft ware systems provides another avenue that needs to be addressed during training. Guidelines for efficient, appropriate and legally required documentation also need to be explained and laid forward.

I am going to breakdown the system into its components. Patients-physicians-hospitals-payers, as each entity has a set of rights and expectations that need to be understood.

Patient rights and responsibilities:

1. Patient safety is paramount in U.S. healthcare.

2. Patient should be treated with respect, dignity and privacy. Always introduce yourself as Resident-in-training Physician.

3. All staff should seek permission for any element of physical examination.

4. Follow appropriate chaperone policies while examining minors and opposite genders.

5. Inform the patient of the plan of care and seek care input on every option.

6. Patients have the absolute say for the care and management.

7. Informed consent on every intervention procedure.

8. Read and understand health information portability/accountability act(HIPAA). Healthcare information can only be shared with appropriate patient designated persons.

9. Patient related information and laboratory results are protected information and cannot/will not be shared with any 3rd party without clear consent from the patient.

10. Many patients have powers of attorney (POA) regarding their healthcare. POA has to be evaluated, understood and implemented. You may or may not agree with it but POA overrides any healthcare concerns.

11. Every patient has a "Code Status" for end of life decisions in the hospital. Please review and understand various codes such as do not resuscitate(DNR) or comfort care.

12. Do not experiment on the patients.

13. Absolutely no personal interaction with the patient. No social encounter or after work/ sexual interaction.

14. Maintain polite and professional mannerism by the bedside and exercise maximum privacy.

15. Patient family: It is important to understand that patient families are very closely involved with the patient care. Residents are not expected to discuss patient care with family unless directed by the attending. Even then only discussed the plan designed by the attending. Do not give your personal opinion or choice of plan in any case. Most of the plan is conveyed by the attending however they may designate you to share findings with family in some cases.

16. Do not discuss the information about the patient with any other member that is not on the designated list.

17. Nurses are an important part of healthcare team. Treat them respectfully and politely.

18. Do not appear condescending to the nurses/or appear to be Mr/Ms know it all/I am the doctor attitude. If a mistake is noted please discuss it privately with them. Many times, nurses are PhDs in

their profession and have to be addressed appropriately.

19. Always answer politely even if the question merits no further answer or explanation. Politely thank them.

20. Attendings almost always seek back feedback from the nurses.

21. Be a good team player with your medical students. Involve them in discussion in any procedures.

22. Avoid social interactions with nurses or technicians if possible. Workplace social and personal interaction usually end up in awkward situations and many residents get physically and sexually involved. Please exercise restraint and avoid such interactions at your work place.

23. Develop High Emotional Quotient. Be sympathetic, exhibit empathy and understanding of everyone. Respect every viewpoint and agree to politely disagree and give your opinion, if asked.

Hospitals and Clinics:

1. Every hospital has medical staff office and medical Staff by-laws. Please get a copy and review.

2. Check for healthcare screening including drug testing that may be needed before you are given an identification badge. Wear it.

3. Arrive early prior to your starting and visit with hospital staff/department chair/chief resident and try to get orientation of the place

4. Check for housing and transportation.

5. Check with local bank, local social security office and complete all documents needed to get a social security number for salary distribution.

6. Hospitals have 2 separate administrations. Hospital administration including chief executive officer are not medical personnel. They usually have limited interaction with house staff however you are always expected to be polite and professional with their office.

7. Medical Staff is a separate administration and primarily deals with hospital staff.

8. Hospital security is a separate department that provides internal and external security. Don't run afoul with them.

Healthcare System and its Payers:

1. Familiarize yourself with Medicare, Medicaid and private insurance rules and regulations, if possible. It is important as this all relates directly with patient charts and clinical documentation.

2. Patient notes are permanent part of the record. Once created and locked they cannot be corrected/erased. You can add addendum and notations afterwards.

3. The records are not for commenting on disagreements with attending/staff or nurses.

4. Avoid adding your personal views in these records.

5. Seek IT helpdesks for any corrections/ mistakes or adding notification.

6. Protect your login and passwords. In IT interface they represent you and anything under that log in is legally important and reportable/open to litigation. Do Not share.

Code of conduct

1. Polite and professional, in outlook and appearance. Act the part.

2. Stay well-groomed with appropriate personal care including judicious use of deodorant and perfumes.

3. Avoid political and religious discussion with colleagues/staff/coworkers or among ourselves while sitting in public places.

5. Avoid using native language while in company.

6. Absolutely no social interaction with the patient.

7. Absolutely no personal/sexual interaction with the patient.

8. It is not appropriate to date medical students.

9. Keep your personal life separate from your professional life.

10. Do go to Christmas parties or other events.

11. Do every effort to mask tobacco and alcohol odors.

12. Avoid personal phone use while in hospital setting.

13. Avoid visiting political or inappropriate sites on hospital or office computers. Many of these computers are under active surveillance and may create issues if inappropriate sites are visited.

14. Do not visit religious sites on the Internet while at work.

15. Use Appropriate social greetings, including Good morning or afternoon.

16. Treat all ancillary staff with respect and absolute professionalism.

17. People look up to you so act the part.

Professional growth

1. Patient and patient related activities are the top priority during your residency.

2. Be ready and appear proactive to volunteer and lead any other initiatives.

3. Keep in mind you are leaving a legacy for your colleagues who are behind you.

4. Attend all morning reports/grand rounds and prepare appropriately. U.S. training and teaching rounds provide opportunity to showcase your ability and knowledge. However, the most important rule is to answer only when asked to. Try not be the 1st guy to jump up. Be honest and if you do not know the point simply acknowledge it and seek help. Pretending to know or presenting clinical fact without adequate background research is worse than acknowledging that the you have not studied the topic. Learn to say" I don't know but I will review it today"

5. Seek mentors by reaching out.

6. Be on the lookout for any interesting clinical presentation for case reports and then prepare them well. Spend time on creating a clear, well arranged and complete history and physical. Do not add or substitute any additional information which is not true. Do not lie or present information that has not been gathered or is incorrect. Those reflect character flaws. Honesty is an integral part of a physician's character . It is always polite to admit that that particular information is not available or not gathered. When presenting a case make sure you have a good differential diagnosis and anticipate any questions that may arise. Always use non-identifiable information. Read about the medical disease that you are presenting and research most up to date treatment plans. These meetings are the initial steps for your future growth.

7. For grand round presentations, prepare the power point presentation in advance and discuss it with your attendings and seek their input. Brief and concise presentation is always welcome. If possible send your presentation to the audio-visual person ahead of time. Appear on time and do not stretch your time. Give ample time to question/answer session. Open the presentation with appropriate remarks and close by thanking the audience and important personnel who helped with the presentation.

8. Carry a small bag with fresh scrubs/change of clothing in case you end up soiling yours at work and need an immediate change. Carry your computer with you. Carry a small problem related medical textbook or a pocket book for easy access.

9. Read and read more. Educational support activities such as Uptodate are readily available and should be consulted for each and every patient.

10. Take your exam seriously. They are designed to test your board eligibility. Do not cheat. This may jeopardize your whole career.

11. If clinical fellowship is available at your hospital or university, then reach out to appropriate attending for guidance and mentorship. Offer and volunteer for data research, data gathering and offer to taking part in paper writing.

12. Go to research conferences.

13. Reach out to your librarian for data searches.

14. Hospital record keeping. Stay up-to-date with your dictation. Do not argue with medical records department. Complete your records before you depart the rotation.

15. Write brief, appropriate clinical notes. Do not discredit or abuse any attendings/support staff or nurses in your official patient note.

16. Be on time and complete your around before the attending rounds. Make small note for presentation. Arrive at the morning report on time.

17. While on call, arrive early. Absolutely no personal, social or sexual encounters in call room.

18. Do not disregard your calls and texts while on call. Be attentive to nursing issues and respond appropriately in time.

19. Respond to code call and observe intently the various members the Team following ACLS protocol. Address universal precautions and help your fellow members about doing the same.

Career opportunities

1. Seek out mentors. Check their presentations and papers. Review and see if your field of study aligns. Make the best use of your free time. In your third year, some programs may allow a research elective. If an opportunity arises to work in a research lab, avail it. If your work involves working with animals, please review safe handling and ethical research practices while working with animals. Conduct your research humanely.

2. Learn about institutional review Board and understand all the rules and regulations.

3. Follow all research guidelines. If work involves radioactive material, learn its safe use and exercise all protections. If research animals are involved, please review safe handling of bio materials and their appropriate disposal. Do not appear to be cruel to research animals. Familiarize yourself with rules regarding Research animals.

4. Complete all protocols and follow-up. If possible request that your work be acknowledged as a contributing author. Complete all your case reports and submit to appropriate journal.

5. Plan for your fellowship earlier and align your interests accordingly.

6. Do not embellish your CV. Do not add research experience that you do not have. Inflating your research/experiences are easily crosschecked and may expose you and jeopardize your prospects.

Time off

Plan ahead and take appropriate time off. It is your right to enjoy life and have a good work balance.

Only recommend qualified candidates to your program. Your recommendation carries weight but may reflect badly on you if you recommend somebody that is not up to par. Please do not offer to invite your friends to come for clinical activities at your work place without discussing it with your attending/ Program director ahead of time.

These are few points that may help you. I am available for any input at Furrukhmalik@aol.com

Welcome to America and its healthcare system, it is a life changing trajectory and I congratulate and welcome you.

Dr. Farrukh Malik is Assistant Professor of Medicine/Advance Heart failure and Mechanical circulatory support at Vanderbilt University. Dr. Malik, additionally, is Governor Elect American College of Cardiology (ACC), Tn.

THE FEMALE KEMCOLIAN IN REAL WORLD: HOW TO SURVIVE AND THRIVE?

By Mariam Khalid, MD

You are a female Kemcolian graduate.

Deep in your heart, you know you are amazing, have made this far and in the words of Professor Mumtaz Hassan, one of the "best of the best" to "make it to KE"

When you graduated, you saw endless possibilities in front of you that life can offer and rightfully so! For you sky is the limit and as a Kemcolian woman, you can definitely break all the barriers.

However, at some point, life hits you. Maybe it is a parent passing away, a difficult relationship or a child's disability. Or perhaps it is just "uncertainty" where being a female is the only "de-merit" you think you have . So how to "not lose your worth" in those times when you feel that everyone around you, all your classmates and even the ones junior to you, are way ahead and you are the only one left behind?

The answer is going to be different for each one of us and there is no one-size-fit-all approach.

The first step, probably, is to understand that each one of us, even though coming from the same bench in that KE classroom, has their own journey. Once we leave those walls of KE (I like to call it "the beloved sanctuary"), we begin to move in different directions, towns, countries and even continents. We confront different cultures, ideas and sometimes at their very worst: People.

However, this understanding may come a bit later, sometimes after years and decades of overwhelming ambivalence where we overcome our fears and sometimes insecurities. It's an evolutionary process and the result for the persevering, almost always turns out to be beautiful.

Nevertheless, it may be hard for some of us high achieving women. It may have its basis on the fact that ever since we started our formal schooling at age of four or five, we were told to "excel" and "be the best". There was only one position: "The First" with any alternate never being the option. We were regarded as a failure if we were left behind, not just by peers but by our very own selves. And when we formally made it to being "best of the best" after landing in KE, we learnt in fun languages of Guyton and Robbin's, explored complexities of human bodies through dissection and mastered skill of using scalpel to our maximum satisfaction. However, we never realized that beyond mastering medicinal art, we needed something else too: the emotional strength to battle real life storms that unfortunately is not instilled in traditional Pakistani classrooms. We thought only IQ was enough when in real life EQ (emotional quotient) sometimes exceeds in value.

Fast forward five years, you, somehow end up in USA by choice or through circumstances. You may be single or have a spouse and young children now facing a whole new culture, language and traditional setup as you struggle to maintain your individual and religious identity. You face different pressures one of which may be pressure to get married and start a family. Or it could be pressure to excel professionally. It may include pressure to establish good financial footing, on top of many other "Adult Peer Pressures" that somehow come with practical aspects of life.

Though it may seem overwhelming, now is that time to bring the innate strength out that is ingrained in you as a kemcolian and face the newer challenges with a courage that you never knew existed.

Some life scenarios and possible solutions:

1. Choice of spouse: If you are single and have moved here, and now face the arduous task of finding/choosing your "life partner"- be very careful in your choice. That is THE single most important decision of your life. I wouldn't put any "selection criteria" here as it is so variable among us, but try to settle in with someone who will be there when you will "fall" - That is all. Rest will come. Of course a lot is dependent on fate and "kismet" as we like to call it, but try to make a wise choice. And make "dua"

2. Planning family: Unfortunately, for a professional woman, no matter what her origin is, there is no "perfect time" to plan a family. If you feel your intern year is the best time to plan a family, do it. I have seen females doing it. But do "plan well"

It's not Pakistan where you can tag the maid along in hospitals during calls where you can supervise her as she takes care of your child. Being in US has its challenges. And they are not just for us Pakistani females; an average American woman struggles in the same way which is a surprise to many back home.

- You will be rounding in the ICU as your phone would be constantly barraged by calls from your nanny regarding your colicky baby.
- You may be putting a central venous catheter as your toddler falls in the school playground and fractures his arm. And they can't even reach your husband-because he is operating on someone else in the OR.
- You may be running and leading a code saving a life as your teenager confides to his friend "My mom is the worst person in the world, she does not understand me. She does not love me"
- You would be coming home, exhausted and battered to the bones, only to see unhappiness because you were absent for the last eighteen hours.

Firstly, and it may come as a surprise to many, do not count on any support from your family, parents or in-laws. No matter how much they love to help you in achieving your goals, do not make them your "sole" support system because it's very likely that because of medical or age related constraints, their availability becomes limited. In many cases, they may be simply incompatible to the culture and society that is vastly different than that of Pakistan so burdening them with weights that are primarily ours to carry, may end up in chaos.

Secondly, have a reliable child-care system in place. It can be home nanny, day care or an aupair. Based on what I have seen over the years, hospital day cares may be the best choice as they are open even during holidays to accommodate female health care workers. Part time work is always a possibility especially when kids are of school going age.

3. Be kind to yourself: If you were already married and moved here with your spouse and children, the road is bound to be very different. You may feel envious of every single female intern who is working around you and post 12 hour call can just go home and sleep! Not a care in the world. No one expecting her to make the bed, cook, clean, or change diapers post night-call. Yes that happens. Even with a very very strong supportive system in place, ultimately it falls on the shoulders of mother. So what to do? First of all-be kind to yourself. You are doing much more than what other women may be capable of doing or actually be doing. Give yourself credit. Hard times do pass. Remember you are strong and have innate strength of a kemcolian!

4. Outsource: If your circumstances and financial means allow, hire help as much as you can. You can have meals delivered, clothes laundered, house/apartment cleaned- Ah! The ideal Pakistani lifestyle right here in USA that some of us were so accustomed to during "sanctuary days"

However, it can get pricey and may not work for quite few of us, because of personal or social reasons. So what to do? You know you are "academically smart"- now is the time to be "life-smart" Try to meal-prep and keep simple recipes at hand. Simplify.

Most importantly, do not "compare" your life with any of your friends', sisters' or even your own mother's. It's you running the show here.

5. Set up Realistic Expectations in a Two Physician Household: A two physician household where both you and your husband are high-achievers, can be hard at many fronts. I would offer only two cents here: do not try to "compete" with your husband. If he was your class-fellow back then, he is not anymore. He is no longer that guy who used to make all those power-point presentations for you and you alone in the yester-years. Understand that you are part of a "team" and that you and him are on the same side as you are try to win many life battles together. If, however, you inadvertently start comparing and then competing with him it can quickly become painful and then may turn ugly. "Do NOT fall into this trap" and as much as you can, implement a "team" approach.

Remember, for a female Kemcolian it's not just about academic intelligence. We have to put our "emotional intelligence" to use as well when faced with tricky life situations. Learn to switch on and switch off different segments of your brain software depending on who deserves your reaction, a response or an apology.

6. "Time-out" or " Career Break Scenario": you have completed your residency, maybe did your fellowship too but now want to lay back for personal or social reasons- it's okay! Yes it's okay! Trust me when I say it. Laying back does not mean stepping down. During this time, make sure all your medical licensure (along with CME) stays up to date per your state requirements. It's always advisable to stay involved in some volunteer activities too so "the CV keeps running" and does not appear static even during your "break time" Do not let your medical license expire under any circumstances.

Up to 12 months "break" is generally considered acceptable by most workplaces in USA. Beyond that, it may become tricky and you may want to start some part-time work which may be as little as one shift a month related to your specialty. There are social media groups totally dedicated to women and run by physician women who are in similar life situations. "SAHMD Group" is one example on Facebook where you will find many similar stories and ideas to pull through these seemingly demoralizing times.

7. Unfortunate Life Circumstances: If, however, life has hit you in an entirely different way because of a bad relationship or an unfortunate event that left you completely resourceless and you cannot start clinical pathways right away, do not despair. I would say it again, do not despair. No time is "a late time" for restarting and reclaiming yourself. The first step is attaining financial freedom at that point and adding to your monetary resources. This is America- a land of opportunities as they say. No job is an "odd job" -you are here because you were destined to be here. Restore the belief in yourself. Be around people who stimulate you and don't drag you down further in misery. Remember "sohbat" (company) is important.

Start slow.
If you are totally clueless and have absolutely no financial means, reach out to people. Reach out to as many people as you can including your seniors. Not all humans are bad. Some can be very kind, responsive and God sent angels on earth. You can get involved in teaching, childcare, secretarial jobs, and even catering if it helps you pull through darkness. Yes I am discussing "jobs" that, in general "looked down upon" by us, the Desis. That is wrong and the mindset needs a major change. Just believe that you are not accountable to anyone for the "odd job" because it's you who is doing the hard work for your own self.

Re-build yourself. You can do it! Your future success will speak for itself.

8. The well-established clinician: Last but not the least, let's say you have won all the battles, both workplace and your personal ones too. Now you are a well-established clinician who faces a myriad of responsibilities and unsatisfying clinical work in this

new corporate health-care culture. You are someone who wants to lead and wants to give back too. The ambitious kind who still can't sit still because of course, the "Kemcolian spirit" that is still alive and will never die. If you are "that" someone who has additionally spent at least three to five years in patient care, here are some side gig ideas for those females:

a. *Telemedicine:* Join or open your own telemedicine practice. As a start it can be just cash pay or based on a concierge model where your patients can pay a monthly or yearly fee for any online/offline consultation. Tons of info found on "Physician Telemedicine/Digital Health/mHealth Interest Group" on Facebook. It will offer you flexibility and you would not be answerable to anyone over ways at which you run your practice. I have been told that it's easy to set up than what it actually sounds like.

b. *Utilization management/Chart review:* If you want to experience something that does not involve direct patient care, chart reviews have a chance to bring a steady source of income as you will understand insurance policies and "the other side" as well. The Facebook group "Physician Advisors, Chart reviews, CDI, Utilization Management (UM) has some good resources.

c. *Direct Primary Care:* a model which entirely works as the doctors back home work. Patients walk into clinic, pay cash, get consultation and a treatment plan. You do not have to deal with any insurance companies or any billing hassles. No longer bound by deadlines of "7 minute" or "15 minute visit" nor there are any pressures to attain and maintain productivity.

d. *Clinical writing:* it can start as freelance writing and then can expand to writing for health care industries including but not limited to pharmaceuticals. Very fascinating and enjoyable for someone who has a niche for writing and has good sound medical base as well.

There are numerous other ideas beyond traditional practice for females who want to attain more flexibility in their life schedules. Just understand that you have to plan it well and need a steady base as you navigate newer waters. To your surprise you may find that beyond a traditional clinician, you have in you a business sense that was previously undiscovered.

All in all, we know being a female is challenging. And being a Kemcolian, highly driven female can be overwhelming. However, it is a well-known fact that women in general have higher endurance levels, very well-suited for marathon running. So, the earlier it is understood that life in general is going to be a marathon for us, and not a mere sprint -only then we can thrive beyond the "survive" model.

Just understand that there can be different ways as we sail towards the ultimate "success" goal, which, itself, can have a different meaning for each one of us.

I wish you all peace, health and contentment.

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2. https://www.medscape.com/viewarticle/842491_3
3. https://www.medscape.com/viewarticle/834845_2
4. These are some additional resources that I came across as I prepared this article: Physician Side Gigs:www.facebook.com/groups/PhysicianSideGigs

The Doctor's Crossing: https://doctorscrossing.com
Nonclinical Job Hunters:
www.facebook.com/groups/NonclinicalJobHunters

Dr. Khalid is Assistant Professor of Internal Medicine/Bariatrics at Carle Illinois College of Medicine, Champaign, IL. In her free time, she loves to read, write and photograph.

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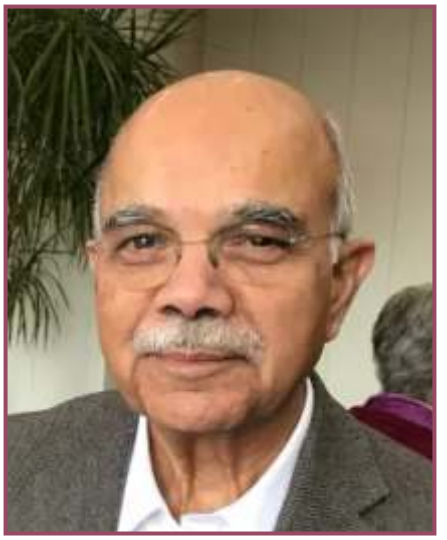
THAT ONE KE LESSON

By Dr. Syed Tasnim Raza



It was during my Oral (Viva) examination for the Final M.B; B.S., that I learnt a lesson I have held onto for all my professional life. I was faced with Professor Khwaja Sadiq Hussain. The patient assigned to me was a young woman in her 30s with acute right upper quadrant abdominal pain. I had to examine the patient and give my diagnosis and a differential diagnosis. I undressed her down to her groin and pulled her shirt up to just under her ribcage, exposing the abdomen fully. I did the full examination, demonstrating right upper quadrant tenderness with rebound tenderness with ultimate diagnosis of acute cholecystitis. I then discussed my diagnosis and differential with the professor, who nodded in agreement and indicated that I was done. As they turned to walk away, I followed them. Suddenly Professor Khwaja Sadiq Hussain turned back and reprimanded me in a loud voice: "Are you going to leave her exposed like this? Shame on you." I was deeply embarrassed and returned to the patient adjusting her clothes back in place. I did pass the examination, but have never forgotten the lesson Professor Khwaja Sadiq taught me that day. I draw the curtains in a multi-patient room when examining one of the patients, so as not to expose the patient to the others and never leave them in an exposed position. I remind my medical students and residents of the same and often share the story with them.

Syed Tasnim Raza, MD, FACS
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SIGHTS FROM THE US

HIKE ON A FOGGY MORNING

I walked with them for miles
Listening to their mundane stories
Till I realized that they were nothing but lost souls
At that moment of clarity, I saw them disappear
Disappear into the fog
The fog of illusions
Illusions of love and hope and happiness
I stopped and waited till their voices turned to murmurs
I have reached my destination, I thought
I closed my eyes and reached out to grab Nirvana
But nothing
I open my eyes and realized
That the illusion of clarity was gone too
And I was just as lost as everyone else
But even worse
Now I was all alone

I have never seen a man lost who was on a straight path." — Saadi

DR. ATIF QURESHI-MICHIGAN, FALL 2022

SIGHTS FROM THE US

Conversation with a Cadaver in the Dissection Hall
I enter the room without knocking
I enter your space without permission
You laying there peacefully
Your eyes looking at me
You laying there lifeless
Your eyes staring through me

I wonder what could have happened
If life would have crossed our paths
In another place, at another time

We could have become neighbors
Waving at each other from a distance
We could have become friends
Even best friends
We could have become lovers
Vowing never to part as long as we lived

But it is death that brings us together
So goodbye neighbor, friend, lover
Forgive me as I begin to learn the secrets of life
Forgive me as I begin to bring down this knife
And cut you in a thousand pieces

The Crow Talk

"Crazy crazy"- said the crow
"Men in power, made to bow"

"What's so cray?" - asked another
"It's just a herd, my dear brother"
"There! you see? Down in bazaar?
Old man dusty, covered in tar"

They tell him passing, " History's in making"
Yell some others: " It's totally repeating"
You see that man? Merely sighing
These fleeting notions, he isn't buying-

He knows it isn't new, my brother
That it's raining ice, in fiery summer-

Mariam Khalid, MD

REFLECTING ON ITS REFLECTION
by Awais Riaz, MD, PhD, FAAN, +FAES

Best Wishes to all Kemcolians!

M. Masood Akbar, M.D., FACS
&
Shaista Akbar

"Dr Masood Akbar is the leader of KEMCAANA scholarship program. He has served Kemcaana's mission by reaching out, giving back, and changing lives through education, research and services. Undergraduate endowed scholarship and post graduate loan program has helped several King Edward Medical university graduate and continues to help many more. We truly appreciate and acknowledge his services towards this program"

Aadil Zaman

Partner at Wall Street Alliance Group

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