

# DAILY PT POINTERS

25<sup>th</sup> May, 2024




# HEADLINES OF THE DAY



## PIB-Defence (GSIII)

Ministry of Defence



INDIAN NAVAL SHIPS DELHI, SHAKTI, AND KILTAN COMPLETED THEIR VISIT TO MANILA, PHILIPPINES AS A PART OF THE OPERATIONAL DEPLOYMENT OF THE EASTERN FLEET TO THE SOUTH CHINA SEA

Posted On: 23 MAY 2024 3:44PM by PIB Delhi

Indian Naval Ships Delhi, Shakti and Kiltan visited Manila, Philippines as part of Operational Deployment of the Indian Navy's Eastern Fleet to South China Sea. The visit demonstrated India's strong ties with Philippines and its commitment to further deepen the partnership.

The port call included Subject Matter Expert Exchange (SMEE) between the Indian Navy and personnel of Philippines Navy, sports fixtures, cross deck visits, cultural exchanges and collaborative community outreach programmes.

R Adm Rajesh Dhankhar, Flag Officer Commanding Eastern Fleet, and Commanding Officers of ships had an interaction with R Adm Renato David, Commander Philippine Fleet (CPF), and V Adm Rolando Lizar Punzalan Jr, Deputy Commandant for Operations, Philippine Coast Guard. FOCEF also held wide ranging discussions with the Flag Officer in Command (FOIC), Vice Adm Toribio Dulinayan Adaci JT, on the avenues for collaboration, matters of mutual interest and the current security situation in the region and beyond. The visit provided an opportunity for discussions on enhancing naval cooperation and interoperability between navies of India and

## News

- The Indian Naval Ships Delhi, Shakti, and Kiltan completed their visit to Manila, Philippines as part of the Operational Deployment of the Eastern Fleet to the South China Sea.

## About

- This visit provided an opportunity for discussions on enhancing naval cooperation and interoperability between the **navies of India and the Philippines**.
- Also, the visit demonstrated India's commitment to the maintenance of peace and stability in the region in consonance with its **Act East** and **SAGAR** policies.

# HEADLINES OF THE DAY



Indian Express -Defence (GSIII) Page 14

News / Cities / Chandigarh / Navy does away with ship terms 'Jackstaff' and 'Jack', replaces with National Flag Staff, National Flag

## Navy does away with ship terms 'Jackstaff' and 'Jack', replaces with National Flag Staff, National Flag

'Jack' refers to a flag in naval parlance, usually the national flag, and 'Jackstaff' is a short pole on the bow of a ship from which it is flown. Both terms have their origins in British naval traditions.

### News

- The Indian Navy has changed the names of 'Jackstaff' and 'Jack' on board ships to '**National Flag Staff**' and '**National Flag**' due to their colonial origin.

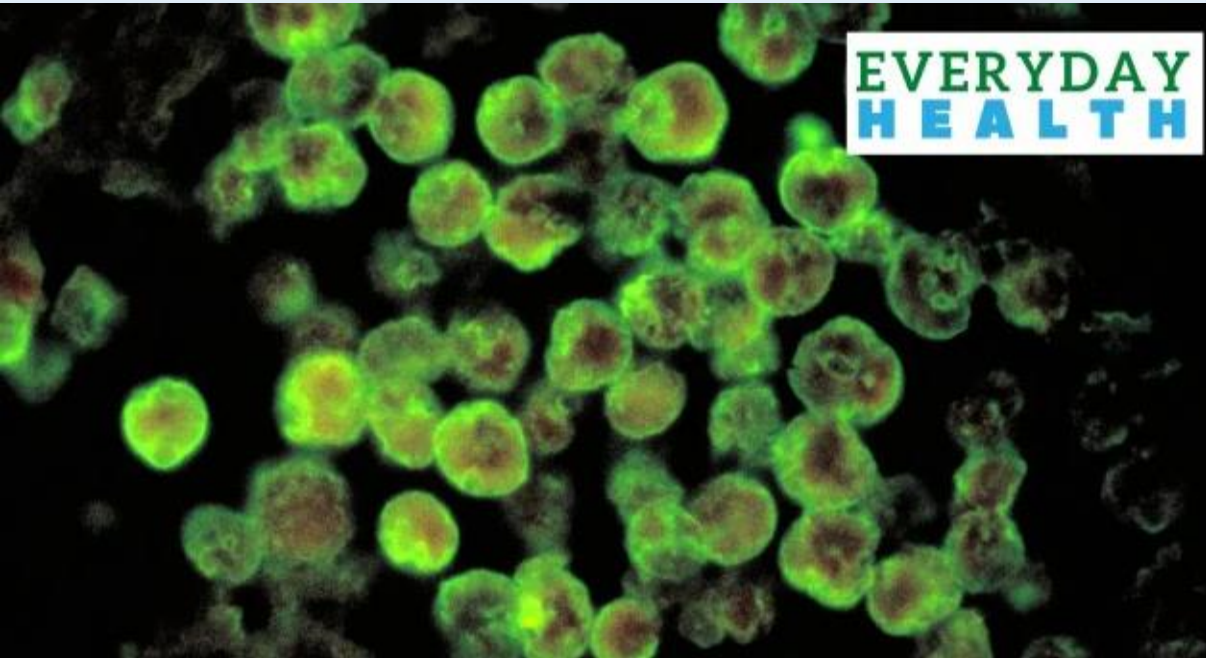
### About

- 'Jack' refers to a flag in naval parlance, usually the national flag, and 'Jackstaff' is a short pole on the bow of a ship from which it is flown.
- The Regulations for the Navy (Ceremonial, Conditions and Service and Miscellaneous Regulation) 1963 has been amended by the central government using its powers under the Naval Act 1957.
- The move comes on the heels of change in naval ensign which was effected in September 2022 and new badges of ranks of Admiral ranked officers, which came into effect in December 2023.
- Both changes were made to do away with British colonial legacy.

# HEADLINES OF THE DAY



IE-Science and technology (GSIII) Page -16



## News

- A five-year-old girl undergoing treatment for primary amoebic meningoencephalitis (PAM), died in Kozhikode.

## About

- **Primary amoebic meningoencephalitis (PAM)** is a rare brain infection that is caused by *Naegleria fowleri*.
- It is a free-living amoeba or a single-celled living organism.
- It lives in **warm fresh water and soil** around the world, and infects people when it enters the body through the nose.
- Higher temperatures of up to **115°F (46°C)** are conducive to its growth and it can survive for short periods in warm environments.

# HEADLINES OF THE DAY

Indian Express-IR(GSII) Page 17

News / World / Maldives To Launch India's RuPay Service

## Maldives to launch India's RuPay service

"The upcoming launch of India's RuPay service is anticipated to further bolster the Maldivian rufiyaa (MVR)," Minister of Economic Development and Trade told state-run PSM News on Wednesday.



### News

- Maldives to launch India's RuPay service.

### About

- RuPay is developed by the national payments corporation of India (NPCI).
- It is India's first global card payment network, widely accepted at ATMs, POS devices, and e-commerce platforms throughout the country.

### National Payments Corporation of India

- It is an umbrella organization for operating retail payments and settlement systems in India, established by Reserve Bank of India (RBI) and **Indian Banks Association (IBA)** in **2008** under the provisions of the **Payment and Settlement Systems Act, 2007**.
- It has been incorporated as a "Not for Profit" Company under the provisions of Section 25 of **Companies Act 1956** (now Section 8 of **Companies Act 2013**),
- It aims to provide infrastructure to the entire Banking system in India for physical as well as electronic payment and settlement systems.

## The Hindu-Polity (GSII) Page 9

### Should doctors be kept out of the Consumer Protection Act?



**Rajeshwari Sekar** is a medico-legal expert in Chennai with over 18 years of experience handling consumer court cases and medical cases



**Saroja Sundaram** is the executive director of the Chennai-based Citizen Consumer and Civic Action Group

#### PARLEY

Earlier this month, the Supreme Court ruled that advocates cannot be held liable under the Consumer Protection Act, 1986, for deficiency in service. The Court also indicated that its 1995 decision that held medical professionals accountable under the Act may need to be revisited. It suggested that the definition of the term 'services' under the Act, which includes the medical sector, be re-examined. The issue will be placed before a larger Bench. Should doctors, like lawyers, be kept out of the Consumer Protection Act? Rajeshwari Sekar and Saroja Sundaram discuss the question in a conversation moderated by Aroon Deep. Edited excerpts:

#### Is it appropriate for patients to take recourse to the Consumer Protection Act?

**Rajeshwari Sekar:** It is a welcome decision by the Supreme Court to revisit the facts of the 1995 case; it will give a better explanation for the word 'service'. *Indian Medical Association v. V.P. Shantha* was a landmark case which decided that doctors, medical professionals, and hospitals do come under the Consumer Protection Act as service providers. Doctors are highly qualified professionals who provide a service to the people. They are highly specialised. This cannot be equated with any other [profession] because human bodies react differently in different situations. A lot of work and research goes into medical practice. Many surgeries are high tech. Patients have to be carefully taken care of.

But there are people who misuse the Act. They don't want to pay the doctor's fee or the hospital fee. They create a ruckus and file a case under the Consumer Protection Act. This turns into a harrowing experience for doctors and hospitals. When things go well, a patient is happy, but when things go wrong, the patient blames the doctor and the hospital. This is dangerous. Doctors order a bunch of medical tests to protect themselves against these



An operation theatre. GETTY IMAGES/STOCKPHOTO

misconduct and take action on erring doctors, but how will it benefit the affected patient or family? I don't think the National Medical Council has the powers to award compensation to patients for the injuries they sustained. There may be provisions in civil and criminal law, but criminal law may be brought into effect only in case of death of patients. We all know that while there is a remedy available in civil law, it is a long-winded trial with elaborate rules of procedure, fees, and delays. This deters an aggrieved patient or family from approaching courts. The Consumer Protection Act is a benevolent legislation enacted with the main objective of protecting the rights of consumers, and we all know who a consumer is. When a person buys a product or a service for a consideration, they are a consumer as defined under the Act. As for the medical profession, it is not a business per se, but a service rendered that is often associated with a cost.

The judgment in the *V.P. Shantha* case clearly explained the relationship between a doctor and patient as a contract for service and said that it (the medical service) would come within the purview of the Act. I think this judgment should stand good because it benefits the affected consumers, who are the affected patients. Otherwise, where will patients seek solace?



Action against malpractice is one thing, but to compensate an aggrieved consumer is another. As we have an ombudsman for the insurance, banking, and electricity sectors, maybe we should have an independent authority to deal with these issues in the medical sector too.

SAROJA SUNDARAM

Commission on appeal, and then to the National Consumer Disputes Redressal Commission. It takes 10 harrowing years to prove that you are innocent. It's an experience that really takes the spirit out of doctors. The doctor is rendering a service. He is highly qualified, just like an advocate. He is ready to help the patient. But these are the problems – delays and frivolous litigation. And there are people who just don't want to pay doctors, so they come up with some case to cause trouble. It takes a toll on doctors. If doctors' associations themselves have an authority who can view these cases with expert medical knowledge and act, that would be sensible, instead of a person approaching the court and going the long way. The courts cannot decide by themselves anyway; they have to get an expert opinion from a group of doctors. So, that can be avoided.

**SS:** I think largely it [the 1995 judgment and the Consumer Protection Act] gives an opportunity for patients to challenge malpractice and seek redressal. The remedies provided under the Act are quite advantageous to the patient. In all these years I don't think we will be able to point out any case of an unfair or incongruous judgment rendered by the redressal agencies under the Act. Expert opinion is sought if the issue is complex; only then are cases decided. As for consumers, I think it is time to do a study to see how many frivolous cases have been filed over the years. In most cases it would be a genuine case of malpractice, or the patient or

inappropriate way of dealing with medical complaints?

**SS:** Action against malpractice is one thing, but to compensate an aggrieved consumer is another. As we have an ombudsman for the insurance, banking, and electricity sectors, maybe [we should have] an independent authority to deal with these issues as a first step. The consumer should always have the option to file a case before the consumer courts. But as a first redress, we could have a body where the matter could be taken to first. Similarly, we have the option of mediation under the Consumer Protection Act. As of now, medical negligence is not covered under it. That is something we could work on.

**Do grievance redressal forums actually draw a distinction between explicit malpractice and adverse outcomes that follow a risk that was present in some way or the other? How can physicians safeguard themselves against litigation in cases where they genuinely did everything that they could to prevent a specific outcome?**

**RS:** What is needed is a very strong regulatory authority which can monitor medical professionals' activity, but they should also have powers to control what is happening.

There is medical indemnity insurance that a lot of doctors subscribe to in order to be safe if they get into any problem. But it is a difficult process if they have to go to court regardless.

**SS:** If you go through the judgments, there are several which have been decided against the consumers as well. It's not like every doctor is framed and that every case fought ends up in favour of the consumer. The Commissions have handled the cases quite diligently, I would say. Diligent service delivery, maintaining proper records about the patient's history, taking proper consent for treatment will safeguard a doctor's interest. Following the checklist protocols required for maintaining proper medical records is important. Communicating

## News

- the Supreme Court ruled that **advocates cannot be held liable under the Consumer Protection Act, 1986**, for deficiency in service.
- The Court also indicated that its 1995 decision that held **medical professionals accountable under the Act may need to be revisited.**

### Doctors in consumer law

- In **1995**, a three-judge bench of the Supreme Court in **Indian Medical Association v. VP Shantha** ruled that doctors would be covered under the consumer protection law.

# HEADLINES OF THE DAY



## The Hindu-Economy (GSIII) Page 15

### Textile industry seeks measures to make available raw material at competitive prices

Updated - May 23, 2024 09:14 pm IST Published - May 23, 2024 09:13 pm IST - COIMBATORE

THE HINDU BUREAU



READ LATER PRINT

#### SECTOR SNAPSHOT

India is the **largest** producer of cotton

**4th largest** producer of acrylic and nylon

Contributes to **7 per cent** of the country's manufacturing production

**2nd largest** producer of polyester and silk

**5th largest** exporter of textiles and apparel

Contributes to **2.3 per cent** of the GDP

**3rd largest** producer of viscose

**8 centers** of excellence set up to promote technical textiles

Contributes to **13 per cent** of country's export earnings

## News

- The Confederation of Indian Textile Industry (CITI) has urged the government to ensure availability of cotton and manmade fibre (MMF) at internationally-competitive prices to propel the Indian textile industry towards the target of \$350 billion by 2030.

## Do you Know?

- Textile and apparel industry has the capability to generate 70 jobs for every INR 1 crore (\$ 132,426) invested, as compared to 12 jobs created on an average in other industries.