



The B. D. Petit Parsee General Hospital
B. Petit Road, Cumballa Hill,
Mumbai - 400 036.

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February 16, 2013

Dear All,

The Parsi Community both in India and abroad are well aware that our Hospital provides Quality Health Care Services to all Categories of Patients, be it paying, subsidized or free poor patients. We thank those individuals who have been appreciative of our efforts to provide Health Care Services to them and their near and dear ones. This will no doubt motivate our Staff to do even better.

We have been disappointed and disgusted to receive three redirected e-mails (copy attached) complaining about alleged unpleasant experiences with the Doctors, Nurses, dieticians and even the Lower Staff. We cannot condemn the Hospital Staff without hearing their side on the purported complaint and they have a lot to say as you, please read on. **Kindly note that Para XII below is a "must read" in order to appreciate this response to this motivated, malicious, highly defamatory circulation of the attached e-mails, written in very crude and un-civil language.**

I. Services to different Categories of Patients by Hon. Doctors

Each Hon. Doctor during daily visit to his patients is briefed by the accompanying Resident Doctor about the patient's condition during the last 24 hours. Thereafter, the Hon. Doctor examines the patient and questions the patient about his/her condition and gives instructions to the Resident Doctor in the presence of the Staff Nurse. The Resident Doctor then enters the treatment advised by the Hon. Doctor in the Case File of the patient and briefs the Staff Nurse about the patient's treatment. The patient's relatives are free to ask questions to the Hon. Doctors which are replied to by the Hon. Doctors with patience. This procedure is the same, whether the patient is full paying, concessional or free. There is no "discrimination" as alleged at all. Thus each patient is treated by the consultant as per his/her clinical condition and the statement that patients are treated by Hon. Consultants based on their "admission category" is not only baseless but patently false. It may be stated that the Hospital and the Community are fortunate to have the services of well known and reputed Doctors, some of whom are World Renowned, and who give their time and expertise free to the free patients and at highly concessional rates to the concessional patients of our community. Community members should be ever grateful to them, instead of making wild, uncalled for and false allegations.



Non Profit Institution & Member of the Association of Hospital.



II. Nursing Staff allegedly indifferent to sensitivities of the patient while giving enema

As brought out by the complainant himself, the patient had very bad constipation since the day he was admitted on 27th December 2012, wherein even Cremafin and Dulcolex had failed. On 30th December 2012 when enema was to be given, it was found that the patient's stool was very hard and had totally blocked the entrance of the anus. Consequently the enema tube could only be inserted with great difficulty and manipulation. It needs to be clarified that the enema tube does not have "sharp edges" as is alleged, but, on the contrary, is well lubricated prior to use. Consequent to the enema, the patient passed hard stools which had two streaks of blood which is not uncommon for such a case of extreme constipation and consequent passing of hard stools. Casting aspersions on the Nursing Staff performing her duty under the aforementioned circumstances is uncalled for and uncharitable and perhaps made out of motives best known to the son of the patient, i.e. the complainant. Any one who has even remotely suffered constipation would bear out the difficulty when the stool has become very hard and blocked the entrance to the anus.

III. ECG and X-Ray Services at night

Our Hon. Consultants visit the patients every morning from 7 am. onwards. The required progress report and investigation report for each and every patient has to be monitored and kept ready by the late evening before or very early next morning. Accordingly, the Resident Doctor gets the tests/investigations done by the late evening before, based on the instructions of the Hon. Consultant during their wards round the day before. In this particular case, the patient was given a particular medicine and the X-Ray was required to be taken to see the effect of that medicine. Accordingly, a portable X-Ray Machine was brought to the Ward at about 9.30 pm. rather than inconveniencing the patient to go to the Radiology Department, keeping in view the comfort of the patient. Incidentally, unlike other Hospitals where the emergency charges are generally double, in our Hospital we charge only 30% extra and not "quadruple" as alleged. It must also be added that during the morning hours there is heavy load on the Radiology and Pathlab as all ICU patients besides OPD patients are to be attended to. Therefore the Resident Doctor, in order not to cause any delay in the treatment to the patient as also to avoid any un-necessary strain on the patient going to the X-ray Department and the discomfort of waiting in the X-Ray department, decided to have the X-Ray taken by its portable X-ray machine in the patients' room at night, and ensured that the Radiologist too examines the test results early morning and gives his expert comments in writing prior to these being





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seen by the Hon. Doctor during the morning round. Thus observations of the complainant in the matter are not only false and frivolous, but once again made with a motive best known to the complainant.

IV. Role of Dieticians on Patients Diet.

The dieticians have a serious job of finding out the food sensitivity of the patients and within the day's fixed menu, ensure that the patient gets requisite calories commensurate with the state of the health of the patient. For this purpose they also consult each Ward Staff Nurse about the patient's health status. Serving of non-vegetarian food instead of vegetarian was a one time unfortunate and inadvertent **mix-up by the distributing staff** which is nevertheless taken seriously by the Dietician as well as the Management and for which the concerned distributing staff was severely reprimanded and even the Dietician personally apologized to the complainant.

V. Serving of ice-cream to patients as dessert.

The Management has drawn a very carefully balanced menu to cater for the needs of all types of ailing patients irrespective of room/bed categories for the period of two weeks which are repeated with minor modifications to cater to any changes made by the Physician treating the patient or for seasonal vegetable and fruits. **"WE HAVE NEVER EVER SERVED ICECREAM TO OUR PAITENTS DURING ATLEAST LAST 10 YEARS THAT I HAVE BEEN WORKING FOR THE HOSPITAL."** The defaming statement of the complainant of serving ice cream to the patient is a figment of the complainant's fertile imagination and is absolutely false and motivated, aimed only to malign the fair name of the Hospital, for reasons better known to the complainant. ***A copy of the patients menu for the period from 27th December to 31st December 2012 is attached herewith to prove the falsity of the complaint.***

VI. Replacement of Medicines and Surgical Stores.

The Hospital supplies Medicines and Surgical Stores from its own pharmacy for free patients only. The paying patients/ their relatives are required to buy their prescribed medicines from the in-campus chemist or any other outside chemist of their choice. However, in certain emergency or urgent cases , for paying patients as well, and in order to ensure that no time is wasted in starting the treatment, prescribed medicines are administered to the patient from the Ward Stock which is then recouped from the patient when he is able to procure them from his Chemist. Subsequently only medicines procured by the patient/relative are administered and a record of the same is maintained in the Case File and is regularly checked/monitored against the prescribed medicine purchased by the patient/relatives by the Medical Superintendent/Administrative Medical Officer on daily basis. Instead of appreciating

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that in emergency / urgency no time is wasted and terming this arrangement "Loot System" is indeed sad and shocking and is a pathetic reflection of the complainant's psyche. *It is denied that if the patient has nobody to look after or attend to him, "the replacement becomes a never ending story" or that it "goes on inflating the patient's bills by leaps and bounds". As mentioned herein, the "replacement" is only if the medicine is used in emergency or urgency.*

VII. Conditions in Operation Theatre.

The Operation Theatres, including their ceilings, are given a thorough wash periodically. Besides, an external independent agency visits the O.T. every month to take swabs of all Operation Theatres to check and monitor the bacterial growth, if any, thereby ensuring bacteria free O.T. all the time. Thus to say that the Hospital O.T. is dilapidated and unhygienic is once again a patently false statement.

VIII. MRI and CT Scan facilities not available in the Hospital.

Our Hospital can presently cater only to Parsi/Irani Zoroastrian patients, as per our Trust Deed. In the absence of volumes, it is simply not cost effective to the Hospital to install, maintain and run high cost equipment costing between Rs.3 to 7 Crores and service hardly 15-20 cases per month, out of which over 50 % are either absolutely Free or highly Subsidized. Accordingly we have signed an MOU with Breach Candy Hospital to provide MRI/CT Scan facilities to our patients as preferential cases on subsidized rates. It may be added that in cases of Free Patients the Hospital bears even these charges of MRI/CT scan.

IX. Tipping

Tipping is not allowed in the Hospital. We have put enough signs all over, but unfortunately many individuals do not pay any attention. When a senior management staff member confronted a patient who was giving a tip, he answered that he was giving it with pleasure and of his own free will and we should not stop him.

It needs to be appreciated that only with the co-operation of patients and relatives that the habit of tipping can be stopped. . Our Hospital is too large and it is too expensive for us to put CCTV or cameras to catch employees receiving tips. **If every patient, relative or friend stops giving tips, then only can we stop this habit. We need your co-operation.** In every ward (opposite the nursing station) there are locked boxes for you to put your "tips" to show your appreciation for the staff. Please use them.





X. Feedback

(i) What can patients / relatives do if they have grievances?

There are **Feedback Forms** which are given to every patient/relative at the time of admission to express their observations/problems / grievances, etc. We request each and every Patient / Relative to kindly complete this form and even attach a separate note, if required, and put it in the locked box in the office, especially meant for Feedback Forms. Every Feedback Form and note addressed to the CEO is read with the utmost care and appropriate action taken. These Forms and Notes assist the hospital much more than cowardly anonymous letters motivated criticism and uncalled for and false public baiting and crude slanging matches. The Hospital administrative authorities take daily rounds of all the Wards periodically and are available round the clock for the patients/ relative to express any grievances. We are committed to serving this noble Institution that is doing the maximum charity that it can afford and your genuine feedback is invaluable to us.

(ii) **Action taken by the Hospital when informed about complaints against the Staff** - We do accept that some of our staff may, at times, make a genuine inadvertent mistake. Ours is a service industry dependent on human factors. Can anyone say that he has never in his life made even one inadvertent but bonafide mistake ? Even in such cases, the staff is counseled, cautioned and reprimanded. However, if any staff is inefficient or abrupt, as soon as this is brought to our attention, we immediately not only reprimand them, but, if required, give them "show cause notices" and follow up with more strict disciplinary action.

It is unfortunate that despite being given a Feedback Form, this complainant neither filled up or submitted a Feedback Form nor contacted any Administrative Authority for taking corrective action.

XII. Conduct of the Complainant

The conduct of the complainant during his stay in the Ward as a relative of the patient has been uncivilized, rude and unbecoming, as can be judged by the language used by him, specially for female staff; the Nursing Staff being called "a bitch" and the Dietician "a Fashion Parade Model". The staff on the other hand has shown enormous restraint and continued doing their assigned job despite his provocative behaviour. Further, it is surprising that the complainant has not mentioned the Hospital Bill for his father for 5 days was Rs.20,764/- i.e. Rs.4,153/- per day. I leave it to readers to judge for themselves if this supports the "loot faat"





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claim of the complainant against the Hospital. Where in Mumbai or anywhere in the world would the patient get medicare at this cost? For 'C' Ward (complainant's father was admitted in 'C' Ward) and 'D' Ward the charges are highly subsidized. 49.5% of patient bed days are free or concessional and when we say "free" it means **completely free** – no charges for bed, food, medicines, operations, diagnostics, etc. This is as per the explicit policy laid down by the Trustees of the Hospital to provide quality Healthcare Services to the middle class and poor community members at affordable optimum cost or free since last 100 years. Therefore calling the Trustees as "corrupt, ever hungry and ever greedy, and mismanaging the Hospital," is indeed ludicrous and **calling The B.D. Petit Parsee General Hospital as "one sample of a fuck-all Hospital" is truly depraved and shocking.** Further more, to allege that "donations have stopped coming because of non accountability, misallocation or misuse of such funds," is not only false, but highly defamatory and vehemently denied. The Management reserves its rights to take defamation proceedings in respect of such bald, unsubstantiated and wild allegations. Similarly, the management denies that there is any "level of corruption" which "persists" as alleged or at all. The Hospital Accounts are an open book and are a public document filed with the Charity Commissioner. They truly reflect the amount of charity done namely approx. Rupees Nine Crores i.e. Rupees Ninety Million), and as such far from being a "money making profit center", the Hospital by supporting such a large amount of charity care, makes an annual loss of Rs. Three to Four Crores per annum.

It is indeed amazing that the clinical state of the patient has not found an iota of mention in the complaint wherein his father was admitted on 27th December 2012 with problems of swelling of both lower limbs, cough with expectoration, breathlessness, irregular pulse, lower oxygen saturation with crepitations in the chest. He was diagnosed to have atrial fibrillation, congestive cardiac failure and pneumonia. 2 D Echo revealed mild dilatation of both atria, mild movement problem of interventricular septum and regurgitation of mitral and aortic valves. The patient responded well, to the treatment given, by 31st December 2012 i.e. within 4 to 5 days of admission, which is admitted by the complainant, as he himself says that the patient "was stable enough and responding well to medication". Accordingly, his request for discharge was accepted by the Hon. Consultant, which belies all his accusations and vindicates the Hospital.

It is very easy for individuals to criticize the hospital without seeing the good that it is doing and the lives that it saves every day. What seems unbelievable is that many of the **individuals, who criticize the hospital, keep returning repeatedly.** [We hope the complainant heeds the advice of his friend and takes his patient next time to





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another Hospital. Perhaps he will then be able to appreciate the charity care given by our Hospital!]

We have taken up all the issues mentioned in the emails with the staff who have assured us that, as much as is humanly possible, they diligently attend to the needs of each patient. In the event that there are any issues relating to the staff, we request that you address a note to the CEO and provide details of the incident. This would assist us greatly in monitoring the services of the Hospital.

Incidentally the Complainants, viz., the son of the patient, and his friend both admit that they had "worked in this Hospital", and could be disgruntled employees.

Thank you,

With Warm Regards,

Maj. Gen (Retd.) M.L. Malik
Chief Executive Officer
The B.D. Petit Parsee General Hospital
Bomanji Petit Road
Cumballa Hill, Mumbai 400036



MENU FROM 27/12/2012 TO 31/12/2012

Date	Meal	Light-Non Veg Diet, / Continental/ Indian	Full Diet	Non-Veg	Full Veg Diet	Boiled Diet/ Fat Free Diet	Diabetic Diet
27/12/2012	<i>BREAK-FAST</i>	NH:Rawa Porridge, Scrambled Egg with Tomato coriander, Butter Jam, Tea, Banana					
	<i>LUNCH</i> Kachumber Red Pumpkin Soup, Chicken Soup.	Cabbage Potato Vagar, Mutton Khara Ras with Drumsticks Ex: French Beans Gulab Jamun	Fried Chicken Vegetable Pulav, Masala Dal Gulab Jamun		Veg Roll Vegetable Pulav, Masala Dal Gulab Jamun	Boil French Beans Boil Mutton Plain Custard	Fried Chicken Masala Dal NH: Cabbage Vagar Plain Custard
	<i>DINNER</i> Mix Veg Soup, Chicken Soup	Doodhi Vagar Corn Chicken Ex: Doodhi Bread Pudding	Khatti mithi Gavar, Chicken Cutlet with Ketchup NH: Corn Cheese Soufflé Bread Pudding		Khatti mithi Gavar, Soya Cutlet Mango Custard	Boil Cabbage Green Pea Boil chicken Mango Custard	Khatti mithi Gavar, Chicken Cutlet with Tomato Sauce NH: Corn Cheese Soufflé Mango Custard
28/12/2012	<i>BREAK-FAST</i>	NH: Sev Porridge, Fried Egg Bread, Butter, Jam, Tea, Banana					
	<i>LUNCH</i> Sliced Salad Tomato Soup, Chicken Soup.	Khara Bhindi Chicken Tomato Sauce Ex: Cabbage, Green Chawli, Honey Banana Cream	Bhindi Masala Rice Goa Chicken Curry Honey Banana Cream		Bhindi Masala Rice Potato Curry Honey Banana Cream	Boil Green Chowli Boil Chicken Honey Banana Cream	Bhindi Masala Goa Green Chicken NH: Green Chawli Chocolate Blamange
	<i>DINNER</i> Red Pumpkin Soup, Chicken Soup.	Vegetable Au gratin Chicken Pineapple Ex: Padwal Doodhi Halwa	Minted Peas With Vegetable Stew Roast Chicken With Stew Apple NH: Sprouted Mung Doodhi Halwa		Vegetable Stew Sprouted Mung Doodhi Halwa	Boil Vegetable Boil chicken Doodhi Halwa	Vegetable Stew Roast Chicken Sprouted Mung Doodhi Halwa
29/12/2012	<i>BREAK-FAST</i>	NH: Oats Porridge, Omelette, Bread, Butter, Jam, Tea, Banana					
	<i>LUNCH</i> Chopped Salad, Chicken & Dudhi Carrot Soup	Soya Kheema Green Peas Chicken Mexican Ex:Dudhi Lemon Soufflé	Chinese Fried Rice Chicken Manchurian Hot & Sour Vegetable Lemon Soufflé		Chinese Fried Rice Paneer Manchurian Hot & Sour Vegetable Lemon Mould	Boil French Beans Boil Chicken Lemon Mould	Chicken Manchurian Hot & Sour Vegetable NH: Soya Kheema green peas Lemon Mould
	<i>DINNER</i> Mung Dal Soup With Vegetable & Chicken Soup Pineapple Mould	Baked Cauliflower Papri Ma Mutton Ex: Cauliflower Pineapple Mould	Tondli Papeta Ma Mutton NH: Akuri Pineapple Mould		Tondli Mung Dal Pineapple Mould	Boil Cauliflower Boil Mutton Pineapple Mould	Tondli Papeta Ma Mutton NH: Akuri Pineapple Mould

Date	Meal	Light-Non Veg Diet, / Continental/ Indian	Full Non-Veg Diet	Full Veg Diet	Boiled Diet/ Fat Free Diet	Diabetic Diet
30/12/2012	BREAK-FAST	NH:Rawa Porridge, Scrambled Egg with Tomato coriander, Butter Jam, Tea, Banana				
	LUNCH Kachumber Mixed Vegetable Soup, Chicken Soup.	Cabbage Potato Vagar, Khara Chicken Ex: Green Chawli Watermelon	Soya Cutlet Chicken Pulao Masala Dal Watermelon	Soya Cutlet Vegetable Pulao Masala Dal Watermelon	Boil Cabbage Potato Boil Chicken Watermelon	Soya Cutlet Chicken Masala NH: Masala Dal Watermelon
	DINNER Cream of Spinach Soup, Chicken Soup	Spaghetti Tomato Sauce Chicken Loaf Ex: Tondli Doodhi Sponge Roll	Baked Doodhi Chicken Suran Fry NH: Russian Salad Sponge Roll	Baked Doodhi Spaghetti Tomato Sauce Vanilla Custard	Boil Doodhi Green Pea Boil Chicken Vanilla Custard	Baked Doodhi Chicken Khara NH: Russian Salad Vanilla Custard
31/12/12	BREAK-FAST	NH:Rawa Porridge, Fried Egg with Tomato coriander, Butter Jam, Tea, Banana				
	LUNCH Chopped Salad Carrot Soup, Chicken Soup.	Khara Potato, Baked Chicken with Tomato Sauce Ex: Carrot Mango Mould	Rice Potato Bhaji Chicken Patia Mori Mung Dal Mango Mould	Veg Roll Vegetable Pulav, Masala Dal Gulab Jamun	Boil French Beans Boil Mutton Plain Custard	Fried Chicken Masala Dal NH: Cabbage Vagar Plain Custard
	DINNER Tomato Soup, Chicken Soup	Cauliflower Potato Vagar Chicken Ala King Cremella	Macroni Mix Veg with Tomato Sauce Chicken White Stew NH: Soya Stuffed Capsicum Cremella	Macroni Mix Veg with Tomato Sauce Paneer Makhni Cremella	Boil Mix Veg. Boil Chicken Potato Cremella	Macroni Mix Veg with Tomato Sauce Chicken White Stew NH: Soya Stuffed Capsicum Pineapple Custard

Sent: January-02-13 5:07 PM

To: undisclosed-recipients:

Subject: An Ordeal at our B D Petit Parsee General Hospital, Mumbai
On Tue, Jan 1, 2013 at 3:48 PM, Rayo <railley_13@yahoo.com> wrote:

Hi Bomi,

Firstly, please allow me to wish you & your dear ones a Very Happy, Prosperous, Healthy New Year 2013.

I fully agree with you my dear. It is because of some corrupt ever-hungry and ever-greedy trustees managing (mismanaging) the hospital, that has brought this hospital to such a pathetic state.

Even now, Parsis have to go elsewhere to get their MRI & CT scans done. When last year, I had broken my left arm in 2 pieces literally (at the proximal humerus) and as I was rolled into the OT, I looked at the ceiling and it was hard to believe that I'm entering an OT of a hospital. It was all cracked and in some places the plaster too had got loose and sagging, ready to fall on any unsuspecting patient or doctor.

The main problem is that the hospital is highly understaffed not only by way of less nurses but also the lower menial category like ward boys, ayahs & mehtars/mehtranis.

The worst part is the extremely visible and obvious discrimination between the different categories of patients' wards by some doctors. For eg. If one is admitted in a room costing Rs.3000/- to Rs.5000/- per day then the Dr will spend more time to hear you out & answer your queries but if one is admitted in a general ward the patient and/or their staying relative is just given a wave from afar and the rest is mumbled amongst the doctors, nurses & housemen thus leaving us in the dark about the prognosis and course of action to be taken.

By the way, when my dad's Dr. walked in on the 31st morning I immediately told him that I want out of here as dad was stable enough and responding well to medication. He immediately agreed and told the nurse to get him discharged whenever he wish. I did not say anything further.

Prior to that day i.e. on the evening of 30th Dec 2012, (as my dad had been constipated since the day he was admitted i.e. 27th) he requested for enema as all other things like Cremafin and Dulcolex had failed. The nurse that gave him the enema was a bitch. 1stly she did not bother to chamfer off the sharp edges of the end of the enema tube. She simply started thrusting the tube up my dad's behind as if she was trying to bore hole on a wooden board. My dad was yelling in excruciating pain and begged her 3 times to retract the tube, align it and then re insert it. I too shouted at her and asked her to do the same. But she simply refused to listen to either one of us and kept thrusting and twisting the tube in him. His rectal wall was scratched and injured and he started to bleed when he passed stools. I immediately flared up and shouted on top of my voice and scolded the nurse. Nobody came to stop me from shouting nor anyone came ahead to take any sides because this discomfort to patients was a daily affair in the general wards and staff - relative quarrels was a common thing. That same night, my doctors (female) asst / houseman phones the nursing staff to get my dad's ECG & Chest X-Ray done - BEDSIDE (Portable) - after 10pm (emergency) so as to charge quadruple. I immediately woke up on hearing the rumble of the heavy trollies being rolled in at exactly 9:25pm. On asking the ward boys who had brought in the equipment, they told that the ECG & X-ray would be taken at 10:15pm as the Radiology Technicians were busy and also to talk to the nurse to clarify the same. I went limping (*I have developed a very painful spur in my left heel since past 20 days*) to the nurses' station and asked them the reason for the equipment being rolled in at such odd hours when all are fast asleep. She retorted sternly that it was the houseman who instructed them to do so. I then asked the nurse equally sternly to connect me to that houseman. I asked her (houseman doc) why the machines

were rolled in at this odd hour to which she said, "I want to keep the reports ready when sir comes in the morning." I told her that doctor comes at 7:45am and that she could very well get both, the ECG & X-ray done at 7:10am the next morning and that both the reports can easily be made ready when "sir" comes at 7:45am. She grumble and said that it will be at my risk, cost & consequences and then hung up. Then I sent the machines away. The next morning at around 7:10am they rolled in the machines and did their stuff and mind you, much before our doctor walked in, the reports were ready in that bitch's hands. (*sorry for the lingo as I'm extremely irritated*) The doctor saw the reports and that's when I told him, "Sir, we want to move out of here." He immediately told the nurses and the assistants to give us discharge whenever we wanted and walked away out of the ward. After that, another resident doctor came in defence of that night nurse who injured my dad saying it was my dad's fault that he got constipated and not the nurse's. I got extremely furious and asked him to leave before I say or do anything that I will not regret later. He scrambled from there. Then after some time, when I was running about to get the papers ready and had come to my cubicle to get the cheque book, a ward superintendent walked in with a nurse. She asked me about the previous night's incident of the machines brought for ECG & X-ray. I told her exactly as it happened. To my utter shock and dismay she informed me that she had hear a different story and that I had called and asked the houseman for the machines to be brought in at 10pm. I immediately told her that she was misinformed and reasoned out with her as to how can I have any jurisdiction or liberty to call for X-ray & ECG machines. She assured me of stern action against the concerned resident doctor and the nurses on duty that night. She asked me to fill in the feedback form and hand it to her on leaving.

I now allow you to enlighten your Parsi friends in New Zealand and elsewhere around the world regarding the pathetic state of our B.D.Petit Parsee General Hospital that also seems to have a long licensed affiliation with our Doongerwadi besides being a loot faat hospital.

Since I was there all the time near my 78 year old dad who is not only deaf but also amnesic (forgetful) I could fight it out and save him in time from further harm and expenses. I wonder what must be happening to those poor old souls who have their next to kin abroad or simply nobody to look after and are entirely at the mercy of the wretched ward boys and the hospital staff.

God, please help them and protect them...

There's so much more to add but I just don't know where to start and where will it ever end.

I've been typing since 6:30am and now its 8:15am and its time to give medicines to dad. So bye for now and wish all of you Tandrosti and may God give some wisdom/conscience, this year onward, to those few but powerful, heartless greedy Parsis on top.

Amen.

----- Forwarded Message -----

From: Bomi

To: Rayo <railley_13@yahoo.com>

Sent: Saturday, 29 December 2012 4:57 PM

Subject: Re: A GOOD HOSPITAL WITH PATHETIC SERVICE

Hi Rayo

Sad to hear about your dad my friend. My Kaka had passed away in Sept 2012 and my Fui was keeping me informed re. the pathetic state of affairs the so called kaarobaar of our Parsi General Hospital.

We have both worked in this hospital so we both know the level of corruption that still persists till date. Sadly Parsis are known to be the epitome of honesty but due to some corrupt Parsi trustees who run the show have screwed the place up by making it a money making profit centre.

I can appreciate the fact that the hospital may be getting meagre or no funds in terms of donations but what have they done in that area? in this era of technology, they can surely start up a campaign electronically to get donations from Parsis not only in india but those who live overseas.

Apologies my friend as I do not want to give you any lecture baazi but I am sure most Parsis like myself feel that donations have stopped coming because of non accountability, misallocation or misuse of such funds.

Let me know if you would like me to circulate this email as awareness to most Parsis in NZ??

also is your dad covered under Medclaim Policy? If so why don't you shift him to Masina Hospital or other hospital like K.E.M (in a private ward) that is much closer to your home for logistical reasons? you may end up spending less time/cost commuting.

Hope your dad gets well soon.

Regards

Bomi

----- Forwarded message -----

From: **Rayo** <railey_13@yahoo.com>

Date: Sat, Dec 29, 2012 at 11:52 PM

Subject: A GOOD HOSPITAL WITH PATHETIC SERVICE

To:

Dear All,

SUB.: A GOOD HOSPITAL WITH PATHETIC SERVICE

In case you are receiving my emails less frequently it is b'coz my dad is admitted to the B. D. Petit Parsee General Hospital (one sample of a fuck-all hospital) good construction but pathetic administration.

God forbid, if any of our Parsi brethren has to fall ill, please think ten times before being admitted to the B. D. Petit Parsee General Hospital.

It all starts with a fashion parade by the dietician who comes as if on a catwalk and asks you about your preference of food as if you are checking into a 5 star restaurant or a hotel (It makes no sense... Why? You will find out as you read on...) The day I admitted my father (27th December 2012), a good looking damsel came with a rough pad in hand, asking about the food preferences of the patient (my father). I confirmed with my father and requested a vegetarian diet. In spite of that every afternoon and sometimes in evenings too he is served non-vegetarian food.

Now my dad is suffering from excessive fluid congestion around the heart and lungs and has been diagnosed with pneumonia and what do you think comes for dessert on one of the lunches ??? ICE CREAM. Wow! Nice way to keep a patient in bed for long so as to suck not only the life of a patient but also his/her money.

Then comes the best part of "REPLACEMENT" tactics by the nursing staff. The moment you are admitted, they administer you with certain medicines and use syringes, Intra Veneous drip sets etc. which they indent it from the chemists and later take it away to keep their own stockpile up-to-date. Agreed. But IF the poor old patient has nobody to look after or attend to, this replacement becomes a never ending story and goes on inflating the patients' bills by leaps and bounds. This loot system is going on since several years but it seems either nobody is aware of it or nobody wants to say anything about it. So its high time this hospital's misdeeds are brought into public light.

There is zero co-ordination among the nurse and doctor or the doctor's houseman and the dietician. I had to literally fire the dietician on phone and all I could hear is a sorry from her. This wonderful fucking little word is left here by the British, to get you out of a tight situation. Patients' relatives too are taken for granted & are **NOT** kept well informed of the progress of their next to kin ho is admitted. The entire hierarchy of wards side administration is in shambles.

One of the rules state that patients or their relatives are not supposed to give any tips to the lower staff i.e. ward boys, ayahs, mehtars etc. Yet our Parsis don't listen and have spoiled theses menials like anything by tipping them for every damn thing. I haven't tipped them till date but my strictness and hard headedness has made a difference. Those who have the shame in their eyes, work willingly without any expectations and most shameless bastards turn away or become deaf when called. Bloody Indian Bakshish culture.

Therefore my Parsi brethren, think before you step into this place as you are putting your dear one's lives at stake and at the mercy of the crazy, overworked, egoistic staff and also your peace of mind.

God bless you all.