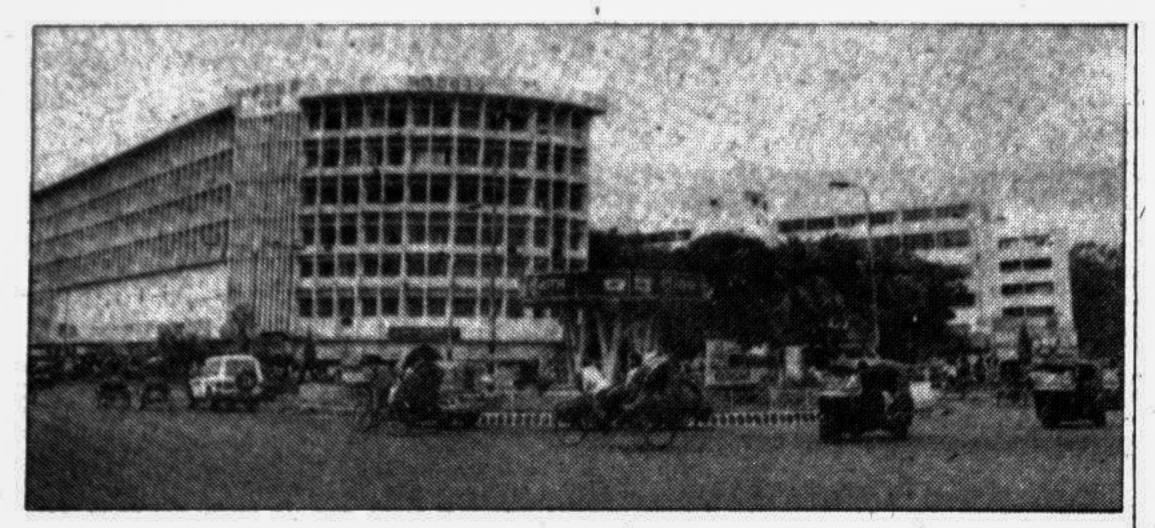
FOCUS



Updating the Medical Education

EDICAL education is the term intimately related to the health service providers. By further improvement of health services in our country, it is essential to improve the health status of our people with the existing resources. Moreover. the vital segment of services. the providers' contribution to better services, needs discus-

Sometimes, even many a times, it is blamed that the doctors' negligency, lack of commitment and skill and over-interest for private practice are some causes that lead to poor quality of services. It needs analysis, whether the above mentioned factors are responsible. And if so — to what extent? Though it is true that both commitment and devotion have vital roles to play in improving the quality of services, yet only commitment and devotion without need based skill and knowledge cannot ensure better health for the nation. It is important to discuss the medical education in our country in details. What is the existing curriculum? Is it need-based or communityoriented and competencybased? What was the situation. prevailing from the very beginning of our independence, and what is the process taken for re-orientation of medical education (RoME)?

In 1972, medical education was based on only the contentoriented syllabus as per standard textbooks which was again finally assessed and was decided by the resolution of the faculty of respective three universities, namely, Dhaka, Chittagong and Rajshahi. This was the time when the nation was trying to be free of poverty and illiteracy and the residual effect which followed immediately after the Liberation.

The respected and learned professionals related directly

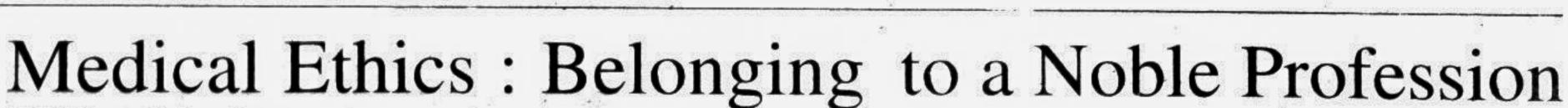
and indirectly to the health services felt that there is a need to develop a medical curriculum in Bangladesh's perspective, which should be based upon the need assessment of the underprivileged and also make the nation able to combat with the major community health problems. With this analysis, process for re-orientation of medical education started in 1983 by establishing CMED (Centre for Medical Education). Crucial activities were taken up in 1986 by conducting several national workshops and consultative meetings at different levels with different groups of professional. It was finalised through three national workshops on pre-clinical, paraclinical and clinical teachers with the help of international experts in 1988.

The new curriculum was made community-oriented. and role-based rather than traditional clinic-oriented. It also gave emphasis on primary healthcare services. An increased awareness among the public for health and the health services were felt to ensure quality services. The experts again introduced these managerial aspects e.g., health management in the new curriculum. Within this period different research results observed that the health of women and children in our country was neglected. So they again gave emphasis on these aspects. Improvement of managerial activities is very much essential for the medical profession to fit the doctors for medical audit in near future.

The new curriculum revision activities started by CMED and FIMC by holding different consultative meetings of senior, mid-level and junior teachers of all the medical colthe new curriculum is going

"Necessity is the mother of invention." So the process that started in 1983 is facing many problems and trying to overcome those. So it is the time to take steps for the profession to start and continue this sort of activities. Critical analysis of curriculum may prove benefifessionals. But careful analysis by sincere and unbiased research and evaluation is of vital

The new curriculum may prove more beneficial if this curriculum is directed towards the community i.e., the absolute poor. New doctors mustservices to a community, what



by Dr. K M Maqsudur Rahman

THE medical profession ranked among the first in pledging to ethics by oaths and codes. The oath of Hippocrates has survived for two thousand four hundred years. In many universities of the world today the medical graduates still take the same Oath in historical form, changing only the words 'Appolo' and 'Aesculapius' for the God.

A great number of universities now use the Geneva Declaration approved by the World Medical Association in 1948 that bases itself essentially on the Oath of Hippocrates. Our teachers often used to mentioned the sum and substance of the Oath of Hippocrates during our time. I believe the same holds true today. The text of Geneva Declaration is as follows:

At the time of being admitted as a member of the medi-

cal profession, I solemnly pledge myself to concentrate my life to the

service of humanity. I will give my teachers the respects and gratitude which

is their due: I will practice my profession with conscience and dignity; the health of my patient will be my first consideration:

I will respect the secrets which are confided in me; mission. I will maintain by all means of my power, the honour of tients. and the noble traditions of the

ports.

ratory tests.

My colleagues will be my brothers: I will not permit considera-

tions of religion, nationality. race, party politics, or social standing to intervene between my duty and my patient;

medical profession;

I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use medical knowledge contrary to the laws of humanity.

solemnly, freely and upon my honour.

I make this promise

Now I quote a few lines from the International Code of Medical Ethics' which was adopted by the Third General Assembly of the World Medical Association, at London, in October 1949.

A doctor must always maintain the highest standards of professional conduct. A doctor must not allow

motives of profit. A doctor owes to his patient complete loyalty and all the resources of his science.

himself to be influenced by

Whenever an examination or treatment is beyond his capacity, he should summon another doctor who has the necessary ability.

A doctor must not entice patients from his colleagues. A doctor to behave to his colleagues as he would have

them behaved to him. The following practices are leemed unethical:

*Any self advertisement except such as is expressly authorized by the National Code of Medical Ethics.

of medical care in which the doctor does not have professional independence. onnection with services ren-

* Taking part in any plan

*To receive any money in dered to a patient other than the acceptance of a proper professional fee or to pay any money in the same circumstances without the knowledge of the patient.

 Under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resis-tance of a human being, except from strictly therapeutics or dent for his five year study peprophylactic indications imposed in the interest of the pastand manifold.

*A doctor must observe The Declaration of Geneva approved by the World Medical

Association. The question remains as to what extent do we follow the code of medical ethics? A corollary question arises that do we teach the ethics to our medical students as other medical institutions do? Before answering these questions, let us look to the perception of common people towards our profession. I list below the public's comments that we listen very often about doctors: Exorbitant fees.

Some do not give reasonable time even after such a high fee.

Often there is wrong diagnosis and/or treatment. Non-communicative i.e. does not explain nature of disease to patients or his rela-

Threating patient with business type of mentality. Force to get tests at a fixed laboratory so that doctors get a certain percentage of com-

Touting to get or grab pa-

Issuing false medical cer-

Writing unwanted costly

tificates and postmortem re-

medicines and its certification.

Unreliable laboratory tests.

Unwanted and costly labo-

Keeping patients unneces-

sarily in clinic bed to get extra

riod. Currently the subsidy will

the media for various reasons. Personal observations

Doctors remain absent from their duty stations to give service elsewhere. Doctors posted outstations are often seen in Dhaka without any authorized leave. This kind of deceiving the Clientele is unacceptable to the patients so to our society. Late Prof. Ibrahim had termed it as an intellectual cheating. In the absence of chief, the subordinate staff take the liberty to do as they please. As a result the government hospitals and thana clinics are running in a Probably not in a single case. most inefficient manner Besides, the punctuality, discipline, service to the patients. integrity and above all humane quality are lacking among

these should be a part and parcel of our life. We often observe the plight of deserving patients in getting admitted to the hospital. If one at all is admitted, a considerable time or days are passed before he gets consultants' and/or professors' care. For laboratory tests, the patients are advised to get these done from private laborato-

A day is not passed without a news of fatality due to our professional negligence.

Not all such cases are reported in the media for various reasons. The near and

dear ones consider such occurrence as act of God and the fate!

ries, and often from any par-

ticular laboratory. If one asks

its reason, the usual reply is

the delay in getting results if it

is done in the hospital labora-

tory. If the test are costly or

rare ones, then the answer is

the non-availability of reagents.

test kits, etc. Thus, the pa-

tients are compelled to attend

some of our colleagues. In fact

a news of fatality due to our. professional negligence. Not all such cases are reported in

The near and dear ones consider such occurrence as act of God and the fate! They rarely report such occurrence. Even if they do, most often the authority concerned would not take any action against the wrong doers. Gross negligence of doctors is found in the medical history even of developed countries but its occurrence is rare. The magnitude of its occurrence in our country is very high. The question is, how many known cases of wrong doers get the retribution?

The reasons are many. The first and foremost is the lapses that are seen almost in each echelon of the profession. Secondly, the professional unionism. Third is the public apathy. However, if these are reported, the authority should take quick action. Besides, the public relations activities should be prompt with the help of news media. The Bangladesh Medical Association (BMA) ought to play a pioneering role. Unfortunately the BMA has almost become a moribund association so far

from the patients point of

Premier Institution

PG Hospital (IPGMR) and

Diabetic Centre (BIRDEM)

have seen the difference that

tals. Is it not a shame to ob-

ugly things seen inside the

hospital compound. (Recently I

had the experience of falling

sewage drops on my head in C

block. It occurred from the

leaking of sewerage pipe bend

of the upper floor). Almost all

the hospitals in the country

will exhibit similar picture.

Why is it so? The answer lies

in the the word of Late

National Professor M. Ibrahim

that discipline is life' which

the BIRDEM follows while the

other hospitals do not. (In case

of IPGMR probably the admin-

istration is responsible for the

see that there are several doc-

tors who are trying their best

to improve the situation in

spite of severe limitations.

Some of them are as dedi-

cated as the professors of my

time. They have established

However, we are happy to

inadequacyl.

exists between the two hospi-

Those who have visited the

training. What I see today is most pitiable conditions that

exists in almost all hospitals. It has not developed overnight rather over the years due to negligence, in inertia and lack of commitment by the officials concerned. Had there 'will to do' existed at the apex of the administration, the base would have remained strong and stout.

How can we get rid of the

morass to restore our lost reputation? The answer is that the BMA in cooperation with Bangladesh Medical Council (BMC) should come forward to set the medical ethics that all the doctors should follow scrupulously. Both the organizations should strictly enforce following of the ethical practice by the doctors. If some one commits malpractice or deviates from the ethics, he or she should be penalized. Similarly there should be sufficient incentives and rewards for the good performers. Setting a few examples by the top echelon will rectify most of the unethical practice. Finally a commitment to 'nothing short of success' is necessary for the person heading the institution and/or department.

Our medical institutions

should teach the medical ethics to their students. Here I again recall the words of revered Prof. Ibrahim. He used to tell a patient, "You have given me the opportunity to serve you for which I am grateful to you as well as to God." He also used to tell the doctors, "To a patient a doctor is second to God." I felt this when my mother, while under his treatment in DMCH, had sudden haematemesis due to her gastric ulcer. It r at dead of night, in 1951. I was then a fourth year student. The duty doctor reported the seriousness of her condition to Prof. Ibrahim . You will be surprised to know that he visited my mother at about 4 a m. On his advice, she received two bottles of blood and became well with the conservative treatment. Since then I have not seen a day passed that she did not pray for the welfare of Prof. Ibrahim.

In my 43 years of experience in different continents. I have not seen a slightest sign of malpractice anywhere in medical profession. I believe same is the case with our present day teachers and physicians who have been trained abroad where malpractice and mismanagement are practically absent. And I tend to believe. We can minimize the malprac tices by forming a strong public opinion along with the support of BMA and BMC.

Noble Status

The need of the hour for the medical profession is to restore its noble status as soon as possible, as it is very much linked with our honour and dignity. I wish my colleagues would think and practice in the same way as the reputed professors of earlier days of our Alma Mater used to do. Furthermore, I pray to Almighty Allah that several professors like Prof. Ibrahim are born in our profession soon. Then, probably, we can help restore our dignity and honour, and public would tell that medicine really belongs to a noble profession, and we would have then the privilege of belonging to the noble pro-

The writer is a senior med-

by Dr Shireen Begum

leges. Besides, the survey among students and teachers of medical profession for opinion on critical analysis of

the already implemented new cial for the future medical proimportance.

know how to lead a health team, how to deliver skilled are the major health problems and how to prevent those. what are the socio-cultural aspects that are closely related to causes of disease, what are the ethical and legal aspects of medical profession etc. The new curriculum must give emphasis on the demands of the new era — social medicine. behavioral science, anthropology, epidemiology, forensic medicine and must orient doctors who will be good friends and helpers for the diseased. A few "devoted doctors" can do more than a large number of "bookish doctors" for the nation. Instead of creating a gap between the medical profession and the others, all the professionals, experts and social workers can help by evaluating the real need and suggesting the possible way to improve the healthcare services. In this way, they can make valuable contributions to

improving the overall health

status of the nation.

fees and occupancy charges. serve a heap of garbage that private clinics. Here also the always exists at the entrance Discriminatory behaviour busy practitioners or consul-However, we are happy to see that there are several doctors who are trying their best to improve the situation in spite of severe limitations. tants hardly find time to talk of IPGMR? There are many

to their patients. It is worth

mentioning that a patient,

when see a doctor, does not

mind to pay doctor's fee. In

doctor to be courteous, kind

and dutiful. After listening the

patients complaints, and

examining him or her, the

doctor is required to tell and

explain the diagnosis and

management either to the

patient and/or his/her

attendant. Just a little dialogue

helps the patient to feel better.

Beside', the patient feels

confident of the doctor's care.

return he/she expects the

between paying and non-paying patients.

Unbecoming behaviour with non-paying patients.

Using hospital equipment at private clinic.

Accepting money from private patients at hospital for Laboratory tests done by using government hospital equip-Paying more attention to

glecting hospital patients. Indulgence of corrupt practices by doctors holding administrative posts. Absenting from place of

private clinic patients by ne-

duty without prior approval of authority. Observance of strikes, re-

peated and continuous strikes. Paying less attention to teaching and research.

Accepting illegal gratifica-While discussing these

matters with professional colleagues, they often tell that as they belonged to the society, so they follow its norms. Some even argue that a doctor has to spend a lot of money during his study period. So

what is wrong in reaping some gratification, legal or otherwise? Our colleagues do not realize the fact that the medical education gets the maximum government subsidy. In

lifties the subsidy used to be

Tk. 9,000.00 per medical stu-

2:55 Husool E-Insaaf & Sports

Coaching 3:20 TV Encyclopaedia

The Daily Star Entertainment Guide

BY WAN FLEMING

DRAWING BY HORAK

YOU BACK

WE MAKE A

DEAL P!

THERE! CAN'T

Due to the apathy and negligence of our profession, the patients are not satisfied with the care that they receive even at some of the doctors' chambers or private clinics Which is why our wealthy patients often cross the border

to receive treatment in the neighbouring countries. Is it not a slur on our profession? However, the dissatisfied patients often outburst their anger against the doctor(s) concerned. A number of time I had to listen these from the victims with a heavy heart. ! neither find any excuse nor any language to console them. Why is it so? It is because of non-observance of medical

ethics that has become the norm of the medical profession of the day. A day is not passed without

some good medical centres and institutions in different parts of the country.

Recollections I remember my days in Dhaka Medical College Hospi tal in late forties and early fifties. In spite of many constraints due to sudden partition of Bengal, all the staff had used their unbounded energy to run the Medical College as well as its Hospital as smoothly as possible. The paramedics, ward boys and sweepers used

to gladly offer us tid-bits of

ical practitioner.

Saturday 10th August

(All programmes are in local recommend prog rammes printed in bold. There may be changes in the pro-

BTV

3:00pm Opening Announcement Al-Quran 3:10 Recitation from the Tripitak 3:15 Movie of the Week 4:00 News in Bangla 5:00 News in Bangla 5:25 Banshori: Folk Songs 6:00 News in Bangla 6:05 Angikar 6:30 Moner Mukure 7:00 News in English 8:00 News in Mati-o-Manush: Programme Based on Agricultural 9:00 Abhimat on Contemporary Events 10:00 News in English 10:30 Shasthakatha Health Programme 10:35 Drama Senes Dynasty 11:30 News in Bangla

BBC

summary 11:40 Close down

11:35 Tomorrow's programme

6:00am BBC World News 6:20 News 7:10 Newsnight 8:00 BBC World News 8:20 Window On Europe 9:00 BBC World Headlines 9:05 Assignment 10:00 BBC World News 10:20 Face To Face World News 11:20 Europe 12:00noon Headlines 12:05 Everyman 1:00 BBC World Head White Heat 2:00 BBC World News 2:30 Time Out World 3:00 BBC World News 3:30 Time Out Summer Holiday 4:90 BBC World Headlines 4:85 Horizon 5:00 BBC World News 5:29 Britain In View 5:50 Earth Report 6:00pm 880 World Headlines 6:05 Madness 7:00 BBC World News 7:20 This Week 8:00 BBC World News 8:30 Building Sights 9:00 BBC World Headlines 9:05 Assignment 19:00 BBC World News

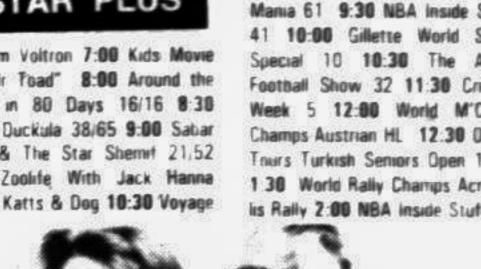
10:30 Time Out: Airport 11:00 **BBC World News 11:20 This Week** 12.00mn BBC World News 12:20 Face To Face 1:00 BBC World Headlines 1:05 Horizon 2:00 BBC World News 2:30 Time Out: Top Gear 3:00 BBC World News 3:25 Window On Europe 4:80 BBC World News 4:25 This Week 5:00 BBC World News 5:20 Face To Face

CHANNEL V

8.30am Asian Top 20 VJ Nonie 10:38 Big Bang Wekend VJ Ales sandra 12:30 Bill Board US Count down 2:30 The Ride VJ Trey 3:30 The Heard rock featuring Air Supply 4:30 House Of Noise VJ Luke 5:30 |V| 1's 6:00pm Classic Rock Classic top 7:00 Top of The Pops 7:30 First Day First Show 8:00 BPL Oye! 9:00 The Ticket 9 30 Palmolive Extra Time Pass 3 10:30 'Coming Up For Air Air Supply in concert 12:00 Big Bang VJ Alessandra 12:30 The Ticket 1:00 Over The Edge VJ Sophuya 2:00 Music Update Tokyo 2:30 Big -- VJ Alexandra 400

STAR PLUS

6:30am Voltron 7:00 Kids Movie "DI Mr Foad" 8:00 Around the World in 80 Days 16/16 8:38 Count Duckula 38/65 9:00 Sabar Rider & The Star Shemit 21,52 9:30 Zoolife With Jack Hanna 10:00 Katts & Dog 10:30 Voyage





Charlie's Angels on Star Plus at 6:30 PM



3:00 1996 US PGA Championship

Day 2 Highlights 5:30 Cricket

6:30 Asia Sport Show 46 7:00

Formula Nippon Fm Sportsland

Sugo, Japan 8:30 The European

Tour Eurocard Chalange 9:30 F1

Wld amps '96 Hungarian Qualify

10:30 Tri Nations Series Bledisloe

Cup 11:00 Mumm 36 Champ H/L

11:30 Norld Fally Champs

Acropolis Rally 12:00 Live 1996

US PGA Championships Day 3

4:00 Australian Football League

Highlights 19 5:00 Gillette World

STAR MOVIES

7:30 Film Club Baghdad Cafe 15?

(Arabic Subtitles) 9:30 Adventure

Just Ask For Diamond 12 (Arabic

Subtitles 11:30 Western From

Steal 18 (Hindi Subtitles)

Sport Special 10

6:00 Inside PGA Tour

The Wild Wild West 12:30 Movie The Grass Cutter 2:30 E TV 3:00 The Wonder Years 3:30 Civil Wars 4:38 Hardcastle And McCormick 5:30 Fantasy Island 6:30pm Charlie's Angels 7:30 The Addams Family 8:00 The Simpsons 8:30 Baywatch 9:30 Sirens 10:30 L A Law 11.30 Code 3 CT 129 12 00mn COPS 12:30 Mystery Movies B L Stryker 8/12 Die Laughing 2:30 Movie Coca Cola Kis 5.30 Wild Wild West

STAR Sports

6:30am Australian Football League riighlights 19 7:30 Sports India 3 8:30 World Wrestling Federation Mania 61 9:30 NBA Inside Stuff 41 10:00 Gillette World Sport Special 10 10:30 The Asian Football Show 32 11:30 Cricket Week 5 12:80 World M'Cycle Champs Austrian HL 12:30 DGER



ZEE TV

5:30 Suno Bhai Suno 6:00 News

6:36 Jagran 7:00 ZED 8:30 All Out 9:00 Bournvita Quiz Contest 9:30 Suno Bhai Suno 10:00 Ad Mad Show 10:30 Gaane Anjaane 11:00 Nafrat 11:30 Captain Cook Shahi Dawat 12:00 Philips Top Ten 1:00 Tal Mai Ke Bal 1:30 Asian Sky Shop 2:30 Nirolac Ashiana 3:00 Positive Health Show 3:30 Low Calorie show 4:00 TVS Saregama 5:00 To be an nounced 5:30 Galaxzee 6:00 Beeji Ke PG 6:30 Tumhare Live 7:00 Zaike Ka Safar 7:30 Sur Taal 8:00 Helpline 8:30 Maa 9:00 To be announced 9:30 Paribartan 10:00 Tanaav 10:30 The News 11:00 Ghoomta Aaina 11:30 HFF 1:30 Colgate Gel Yoodle Yo 2:00 Shakti 2:30 TMM 4:00 Gharounda 4:30 9 Malabar Hill 5:00 Jagran

EL TV

00:30 Best of the Best 01:30

Dharmendra Special 02:30 Mein Nashe Mein Hoon 03:30 Love Love Love 04:30 Kishore Kumar Special 05:30 Best of the Best 06:30 Dharmendra Special 07:30 Mein Nashe Mein Hoon 08:30 Jugal Jodi 09:30 Nasır Hussain Special 10:30 Young Buzz 11:00 Ortem Hit Thi Hit Har 11:30 Karz 12:00 Teen Do Paanch 12:30 Faux 01:00 Party Time 02:00 Jhoomo Nacho 3:00 V3+ 3:30 Ajnabi 4:30 Moov Usha Utflup Show 5:00 Kamaal Combination 05:30 Mohammed Rafi Special 6:30 Dil Dekhe Dekho 7:30 Chere 8:00 Meri Marzi 8:20 Haseen Pal 8:30 It's My Choice 9:00 Karm 9:30 Kal Bhi Aaj Bhi 10:00 People's Club 10:30 Stand By 10:40 Liberty Public Demand 11:30 Teri Bhr Chup 12 00 Unanyas

8:00am Tilawat Aur Tar juma/Hamd/Naat 8:20 Cartoon 8:30 Khabrain 8:45 Visitors Book 9:10 Phool Khushboo 9:25 Das-

PTV

Break For Headlines News 10:00 tarkhwan 9:40 Mehman 10:05 Khabarnama & Commercial News Aap Ki Anwar Magsood 10:30 10:35 TBA 11:55 The Flash Point English Film: Tarzan 10:55 Milli 105 Urdu Feature Film. Khas Naghma 11:00 Khabrain 11:10 Khahrain Close Down Men Pasand 11:35 Janun 12:55 Quran-E-Hakeem 1:02 Bismillah SONY ET 1:15 Grind 2:05 Lazwai 'Ep-37'

3:40 Sports Time 4:05 Daastakar 5:05 Medicine 5:25 Computers 6:20 Alou Courses 7:00 English News 7:20 PTV Music Library 7:30 Virsa Pakistan 7:55 Ghazal Uss Nave Sairee 8:25 Dentonic World Of Sports 8:45 Anita 9:00

8:30 am Kuch Dil Ne Kaha 9:00

Yaadon Ki Baarat 9:30 Cine Mati nee Hindi Feature Film 12:30 Charnatkar 1 00 Siddhi 1 30 Kaash 2:00 Sunday Ki Sunday 2:30 The Nirleg Rasoi Show 3:00 Khoya Khoya Chand 3:38 Movie Mania 4:30 Humse Barkar Gong

UNAWARE THAT FELIX HAS JUMPED OFF THE ROOF BEHIND THEM, THE

HOODS PLEAD FRANTIGALLY AS THE

TURN US

LOOSE

TRAIN THUNDERS TOWARDS THE

5:00 Rangeela Re 5:30 Mere Massege Meri Geet 6:00 Aaina 6:30 Video CD Premier 7:00 Good Shot 7:30 Jai Bir Hanuman 8:00 Surf-Wheel Of Fortune 8:30 Cine Prime-Hindi Feature Film: Hath Ki Safar 11:30 Fortune Hunter 12:30 Humse Barker Gong 1:00 Hospital 1 30 Aahaat 2:00 Kuch Dil Ne Kaha 2:30 Closed

DD 7

10-30 Janmadin 10:35 Movie Club Chandidas (Cast Amar Mallik Chuni Duttal 1:00 Movie

Tripti Mitra, Latika Basu) 1:00 Nirjan Dupure Premer Gaan (Magazine) 1:30 Nijer Sange Dekha 2:00 Pratihingsha 2:30 Bandhu Chile Bhalo 3:00 Kemon Aachen 3:30 Comedy Quiz 4:35 Movie Club Film: Dadu 5:00 Jishu 5:30 Nijer Sange Dekha 6:00 Nirjan Dupure Premer Gaan 6:30 Pratihingsha 7:00 Nandanik 7:30 Bangla Sambad 8:00 Dhitang Dhitang Bole 8:30 UJALA: Surer Asar 9:00 TBA 9:25 Classical Music 10:00 Drama 10:30 News and Bengali Sambad

Club Film: Kanchan Ranga (Cast

06:00 Tarana 08:00 Baton Baton Mein (Amol P Tina M) 10:45 Off Screen 11:15 Himmat (Jeetendra,

ZEE CINEMA

Mumtaaz) 02:00 lkke Pe lkka 02:30 Shatru (Rajesh K Shabha S) 5:15 Songs 46:00 Dushman (Rajesh K. Meena K. Mumtaaz) 08:45 Box Office 09:30 Shan (Amitab, Shashi K) 12:15 Trailers 12:30 Insaaf Main Karoonga (Rajesh K Tina M) 03:15 Box Office 03:45 Aar Kamra Ramavtaar (Rajesh K Shabana A)

WHO SAID

THEY WERE?

HEE-HEE!



