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Those responsible for the PIMS tragedy must be given exemplary punishment

Deaths of patients due to fires in public healthcare facilities must be prevented through appropriate safety measures

Instead of political point-scoring, politicians should help develop a system to prevent such tragedies

Only qualified health administrators should be appointed as Medical Superintendents and to other administrative posts

The medical profession must also put its own house in order and introduce effective self-monitoring and accountability before it is too late

From our Correspondent

ISLAMABAD: A fire that erupted in the Nursery of the Children Hospital at the Pakistan Institute of Medical Sciences (PIMS) in the early hours of August 26 resulted in the deaths of fourteen neonates. Taking note of the tragic incident, Prime Minister Shehbaz Sharif constituted a high-powered committee and directed it to submit an initial report within two days and a detailed report within five days. He also ordered the immediate removal of the Federal Health Secretary.

Unfortunately, this is not the first such incident. Fires have claimed the lives of patients in healthcare facilities on several occasions in the past.

On January 14, 2024, a fire broke out in the main building of Shireen Shah Hospital in Peshawar; its cause is still being investigated. On February 11, 2024, a fire at Sindh Government Hospital Liaquatabad in Karachi's Emergency Department, reportedly caused by a short circuit, killed four staff members and injured three others. On June 8, 2024, eleven infants died when a fire broke out in the Paediatric Medicine Ward of Sahiwal Teaching Hospital, reportedly due to a short circuit in the air-conditioning system. On October 18, a fire occurred in the basement of Ziauddin Hospital in Clifton, Karachi. Fortunately, there were no casualties, although the cause was again reported to be a short circuit.

On November 9, 2025, a fire was reported in the Emergency and Dialysis Departments of Syed Abdullah Shah Institute of Medical Sciences in Sehwan, Sindh. No casualties were reported, and the cause was stated to be an electrical fault. On June 30, 2026, a fire was detected in the Intensive Care Unit of the National Institute of Child Health (NICH) in Karachi. Fortunately, no casualties were reported, while the cause of the fire is still being investigated.

A fire at Services Institute of Medical Sciences, Lahore, had also resulted in deaths, with a short circuit again cited as the cause. The latest incident occurred on August 25 in a Nursery in the Maternity Ward and was reportedly caused by an air-conditioning compressor explosion.

All these incidents are condemned, remain in the news for a few days, and are then forgotten

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24 new applications referred to experts for evaluation

PM&DC Journals Committee Recommends Recognition of 22 More Biomedical Journals

18 journals recommended for one year, four for two years; eight cases deferred

ISLAMABAD: The Journals Evaluation Committee of the Pakistan Medical & Dental Council (PM&DC) met at the PM&DC headquarters on August 12, 2026, under the chairmanship of Prof. Khalid Masood Gondal. Prof. Maj. Gen. (Retd.) Muhammad Aslam, Prof. S.H. Waqar, Brig. Khadija, Dr. Tahmina Asad and Dr. Rukhsana Nisar, In-charge of the Journals Section, attended the meeting in person, while other committee members from Karachi, Lahore, Kohat and Quetta participated online through video link.

Dr. Rukhsana Nisar briefed the participants on the functioning and accomplishments of the committee over the past few years. She pointed out that, besides reviewing and recognizing a large number of journals, the committee had also organized training sessions in Lahore and Islamabad.

This was followed by a case-by-case discussion of the evaluation reports of 28 journals that had been reviewed in detail by various committee members. After thorough deliberations, 18 journals were recommended for recognition for one year, while four were recommended for recognition for two years. However, six cases were

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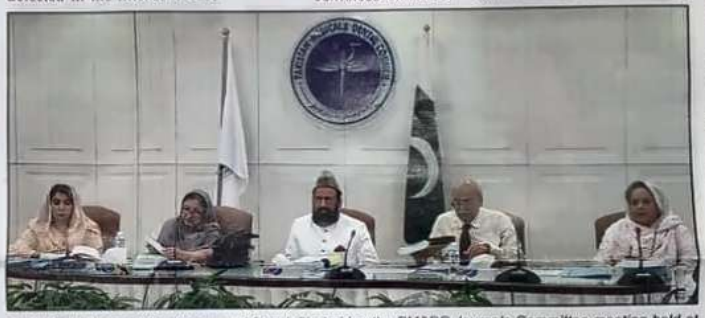

Prof. Khalid Masood Gondal (second from left) chairing the PM&DC Journals Committee meeting held at Islamabad on August 12th 2026. Also seen in the picture from (L to R) are Dr. Rukhsana Nisar, Dr. Tahmina Asad, Prof. Maj. Gen. M. Aslam and Brig. Khadija.

OFF THE RECORD

BY SHAUKAT ALI JAWAID

Remembering Late Prof. Riaz Ahsan Siddiqui

Prof. Riaz Ahsan Siddiqui, an eminent ENT surgeon and former Professor and Principal of Allama Iqbal Medical College, passed away after a brief illness on Saturday, August 15, 2026, at the age of 85.

PROF. RIAZ AHSAN SIDDIQUI

He leaves behind a large number of friends and well-wishers in the medical profession, besides his family members, to mourn his death. May Allah Almighty rest his soul in Jannah. *Aameen.*

Prof. Riaz Ahsan Siddiqui was a multifaceted personality. It would

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Announcement

Views expressed by contributors are not necessarily shared by the paper - *Chief Editor.*

Low Dose Aspirin Therapy Across Women's Health:

Moving from Protocol to Patient Context

Dr. Noor-i-Kiran Haris FCPS, Ph.D

Prescribing low dose aspirin in pregnancy needs to be considered within the changing metabolic profile of women entering pregnancy. Rising obesity, diabetes, metabolic dysfunction and related vascular risk may increase susceptibility to placental disease and preeclampsia. Metabolic syndrome before pregnancy has itself been associated with an increased subsequent risk of preeclampsia.

Earlier Recognition of Risk in Pregnancy

Current international recommendations support relatively early initiation of low dose aspirin in women at increased risk of preeclampsia. ACOG recommends initiation between 12 and 28 weeks, with treatment optimally begun before 16 weeks and continued until delivery. NICE recommends aspirin from 12 weeks until birth, while RCOG guidance supports use from 12 until 36 weeks in women with relevant risk factors. It is important that women at meaningful metabolic, vascular or obstetric risk should be identified early.

This is particularly relevant because abnormal placentation and trophoblastic invasion occur early in pregnancy. The potential benefit of aspirin in preeclampsia prevention is believed to involve platelet and thromboxane pathways, although the precise mechanisms through which low dose aspirin influences early placental physiology remain incompletely defined.

Importantly, extensive obstetric experience with low dose aspirin has also provided reassurance regarding continuation later into

NOOR-I-KIRAN HARIS

pregnancy. ACOG considers daily low dose aspirin during pregnancy to have a low likelihood of serious maternal or fetal complications and recommends continuation until delivery, while RCOG commonly recommends continuation until 36 weeks. Large systematic reviews considered by ACOG have not shown a significant increase in placental abruption or postpartum haemorrhage associated with prophylactic low dose aspirin.

Safety Should Remain Linked to Clinical Surveillance

It is also essential that reassurance regarding aspirin should not translate into therapeutic complacency. Pregnancy is

CONTINUED ON PAGE-7

Aspirin Update Sessions at Faisalabad and Sargodha

Experts highlight the safety and efficacy of low dose Aspirin Therapy in various medical disorders

High risk patients with no contra indication should not be deprived the benefits of this therapy

Patients with comorbidities should preferably be evaluated by multidisciplinary teams to ensure patient safety before initiating treatment

FAISALABAD: From a simple pain reliever to a life-saving antiplatelet agent, the story of Aspirin is an extraordinary success story. Now in clinical use for more than 150 years, Aspirin is perhaps one of the most extensively researched drugs, with thousands of studies demonstrating its safety and efficacy in a wide range of medical conditions.

The discovery of its antiplatelet activity in 1974 revolutionized its clinical use. Regular low-dose Aspirin therapy is now well established for the secondary prevention of cardiovascular diseases, while new and emerging indications continue to be identified, potentially reducing morbidity and mortality in a variety of conditions.

Aspirin foundations around the world are promoting the use of this inexpensive antiplatelet agent. The Pakistan Aspirin Foundation, established in 1995, has promoted its evidence-based use by organizing national conferences, seminars, symposia and joint sessions with numerous professional organizations, including the Pakistan Cardiac Society, Pakistan Hypertension League and Pakistan Society of Internal Medicine, among others.

A multidisciplinary Experts Group, headed by Prof. Abdus Samad, also finalized guidelines on the medical uses of Aspirin. These guidelines have been revised periodically in the light of emerging evidence and the latest research.

The guidelines are now being revised once again. In order to benefit from the views and experiences of experts from different specialties, the Pakistan Aspirin Foundation has initiated a series of "Aspirin Update" sessions. Cardiologists, neurologists, internists, gastroenterologists, obstetricians and gynecologists, specialists from other disciplines, and eminent family physicians are being invited to share their clinical experiences with Aspirin before the revised guidelines are finalized.

The first such discussion was organized in Faisalabad on August 12, followed by a similar group discussion in Sargodha later the same day.

Group Discussion at Faisalabad

Eminent medical professionals who participated in the discussion included Prof. Hafeez Chaudhry, Prof. Ahmed Bilal, Prof. Amir Shaukat, Dr. Muhammad Arif, Dr. Ahmad Shahzad, Dr. Rehan Riaz, Dr. Noori Kiran Naeem, Dr. Faiq Usman and others.

Prof. Hafeez Chaudhry gave a comprehensive overview of the use of low-dose Aspirin therapy in cardiovascular diseases, emphasizing that its role in the secondary prevention of cardiovascular disease is now well established. He stated that Aspirin is highly effective in appropriate clinical settings and that, when used with other recommended therapies like streptokinase, it can contribute to a substantial reduction in mortality.

He discussed its use following CABG, coronary stenting and other interventional cardiac procedures, describing it as safe and effective in appropriately selected patients. Although there has been considerable controversy regarding its use for primary prevention, he noted that recent studies suggest a possible benefit in carefully selected high-risk individuals.

In some conditions, dual antiplatelet therapy combining Aspirin with clopidogrel is recommended for six months to one year, after which Aspirin may be continued indefinitely when clinically indicated and in the absence of contraindications.

He also discussed the use of Aspirin in cerebrovascular disease. While it has an established role in ischemic stroke, it is contraindicated in acute hemorrhagic stroke because of the risk of further bleeding. Patient safety, he emphasized, is of paramount importance. Some clinicians also consider the concomitant use of proton pump inhibitors (PPIs) in patients at increased risk of gastrointestinal complications.

He stressed that hemorrhagic stroke must be ruled out before initiating antiplatelet therapy in suspected cerebrovascular disease and that blood pressure should be adequately controlled.

Dr. Rehan Riaz pointed out that dual antiplatelet therapy is used in selected cases of acute coronary syndrome. He emphasized that physicians should not be unduly apprehensive about prescribing low-dose Aspirin when it is clinically indicated. He observed that many of their patients are high-risk individuals with multiple comorbidities and that the potential benefits of Aspirin should not be denied without carefully weighing the risks.

He further emphasized the importance of prevention, saying that efforts should be made to prevent cardiovascular events rather than waiting for an event to occur before initiating secondary preventive therapy.

Prof. Ahmed Bilal discussed the use of low-dose Aspirin in patients with diabetes but stressed that prevention remains particularly important in this group. He emphasized lifestyle modification, a healthy diet and regular exercise, which should form an integral part of the overall prescription and management plan.

However, **Prof. Amir Shaukat** presented a different perspective, noting that physicians from other specialties may view the use of Aspirin differently from cardiologists. He pointed out the high prevalence of fatty liver disease, *H. pylori* infection, hepatitis B and hepatitis C, cirrhosis and other liver diseases in the local population, necessitating greater caution.

He suggested that in patients with multiple comorbidities, including those at high cardiovascular risk, a multidisciplinary approach could be more effective. Such patients should be carefully evaluated by a multidisciplinary team before starting low-dose Aspirin therapy to ensure patient safety. He reiterated that the presence of chronic liver disease, obesity and metabolic syndrome requires careful consideration when making treatment decisions.

Participants agreed on the importance of learning from each other's experiences. **Dr. Rehan Riaz** observed that guidelines developed in Western countries may need to be adapted to local circumstances and the disease patterns observed in Pakistani patients, particularly as cardiovascular disease often occurs at a relatively young age in Pakistan.

It was also suggested that local studies should be conducted to evaluate the role and safety of Aspirin in patients with metabolic dysfunction-associated steatotic liver disease (MASLD/MASH) and following primary PCI.

Prof. Ahmed Bilal agreed on the importance of multidisciplinary teams and said that such teams could easily be constituted in teaching hospitals. He even suggested that such a team should be established at the institution as an initial step.

Dr. Ahmad Shahzad pointed to the increasing resistance to clopidogrel, although the issue was not discussed in detail. Participants also observed that surgeons are often reluctant to continue Aspirin during surgery and that it is frequently discontinued several days before planned surgical procedures.

It was further noted that studies conducted in the United States have commonly used 81 mg of Aspirin, while European studies have frequently used 75 mg. Both doses have been shown to be safe and effective in appropriate clinical settings.

Use of low dose Aspirin in Women's Health

Participating in the discussion, **Dr. Noori Kiran Naeem**, an obstetrician and gynecologist, highlighted the safety and efficacy of low-dose Aspirin therapy in women's health. She emphasized the importance of early initiation of low-dose Aspirin in women at increased risk of pre-eclampsia.

She stated that treatment may be initiated between 12 and 28 weeks of gestation, with the optimal time for initiation being before 16 weeks in women at appropriate risk. She referred to international guidelines recommending low-dose Aspirin from the 12th week of pregnancy until delivery or for the period specified by the relevant guideline.

She noted that extensive obstetric experience with low-dose Aspirin has provided reassurance regarding its continued use during pregnancy in appropriately selected women. She also discussed its role in women with recurrent pregnancy loss and other obstetric indications, emphasizing that treatment should be based on appropriate patient selection and clinical assessment.

Group Discussion at Sargodha

Eminent members of the medical profession who participated in the group discussion at Sargodha included Dr. Muhammad Iqbal, Dr. Gulshan Ahmed, Dr. Ghulam Fareed, Dr. Nusrat Jawed, Dr. Jawed Ahmed, Dr. Ikram-ul-Haq, Dr. Afzal Gondal and Dr. Muhammad Awais.

Dr. Gulshan Ahmed discussed the safety and efficacy of low-dose Aspirin therapy in acute coronary syndrome and other cardiovascular diseases.

Dr. Nusrat Jawed remarked that obstetricians and gynecologists use low-dose Aspirin extensively. She stated that its safety and efficacy are well established in appropriately selected women at risk of pre-eclampsia and that treatment is generally initiated early in pregnancy to reduce the risk.

She also referred to its use in pregnancy-induced hypertension and recurrent miscarriages and pregnancy loss, as well as in selected patients undergoing infertility treatment. She said that, in certain cases, low-dose Aspirin may be started even before conception, depending on the underlying indication and clinical assessment.

Other experts discussed the use of Aspirin in ischemic stroke. It was generally agreed that, because many Pakistani patients are at high risk and often have multiple comorbidities, each patient should be thoroughly evaluated and treatment tailored to individual needs.

Participants emphasized the importance of carefully weighing the potential benefits and risks of low-dose Aspirin therapy and ensuring patient safety. They also stressed the value of learning from the clinical experiences of colleagues from different specialties.

The participants agreed that international guidelines may need to be adapted to local circumstances and the clinical experience and disease patterns observed among Pakistani patients. There was also a consensus on the need for more local research to generate evidence relevant to the Pakistani population.

The group discussions were sponsored, as usual, by M/s Atco Laboratories, which has been supporting the Pakistan Aspirin Foundation's continuing medical education programmes for many years.

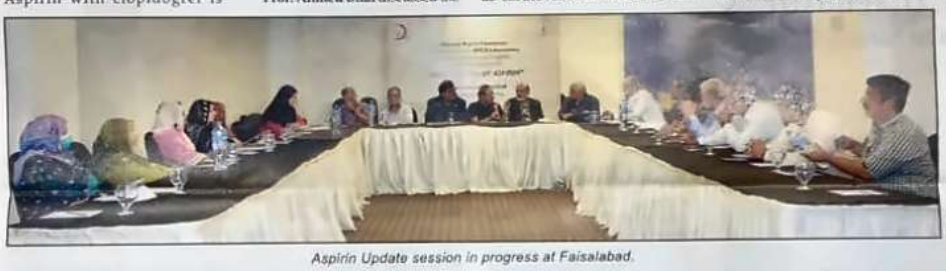
Mr. Kashif Riaz, Associate Director, Atco Laboratories, welcomed the participants at both Faisalabad and Sargodha and thanked them for sparing their valuable time for the academic activity.

Mr. Shaukat Ali Jawaid, General Secretary of the Pakistan Aspirin Foundation, briefly highlighted the academic activities of the Foundation since its inception in 1995.He clarified that the Foundation does not promote any particular company or brand of Aspirin. "We are, however, extremely grateful to Atco Laboratories, which has been sponsoring our programmes for many years," he said.

In view of high prevalence of fatty liver disease, hepatitis B and hepatitis C, cirrhosis and other liver diseases necessitate greater caution

Early initiation of low-dose Aspirin may help prevent pre-eclampsia in high-risk pregnancies

Prof. Hafeez Chaudhry, Prof. Ahmed Bilal, Prof. Amir Shaukat, Dr. Ahmad Shahzad chairing the Experts Group Discussion on Aspirin at Faisalabad on August 12th 2026.



Aspirin Update session in progress at Faisalabad.

Participants of the Group Discussion on Aspirin Update Sessin photographed with the Panel of Experts Prof. Hafeez Chaudhry, Prof. Ahmad Bilal, Dr. Rehan Riaz, Dr. Ahmad Shahzad, Dr. Noori Kiran and others.

Expert Group Discussion on Aspirin Update in progress at Sargodha on August 12th 2026.