XXVIth All India Obstetric and Gynaecological Congress held at Pune (Maharashtra State) India, 29th December 1982

Presidential Address by :

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Today is a red letter day in my professional and Academic career for having been elected by you as President of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), and to preside over this 26th All India Obstetric and Gynaecological Congress being held in this historic city Pune. Right from the great King Shivaji and the Peshwas, to Tilak, Agarkar, Karve and such others, this city has been the citadel for freedom fighters as well as social reformers. I am very proud and I feel myself deeply honoured in being installed as President of FOGSI, in this great City.

I was fortunate enough to serve FOGSI as Hon. General Secretary for the last 8 years. It was indeed a great opportunity and privilege to have worked in that capacity and I on my part have tried to discharge my duties most devotedly. I am also grateful to you for electing me as your representative to The International Federation of Gynaecology and Obstetrics for period of three years from 1-1-1983, and also having given to me opportunity for serving in the said capacity for last six years. I thank all the members of FOGSI to have given to me full support, help, love and affection all these years. And I promise to discharge my duties as president with the same zeal and devotion to justify the faith reposed by you in me. In discharging my duties towards FOGSI, it is possible that I might not have given enough time and attention all these years to my wife Dr. Sindhu, and my daughters, Asha, Jayashree, Leena and son Ravindra, but they have tolerated this mission of mine with understanding and patience. I owe a deep debt of gratitude to my wife Dr. Sindhu, who has been all throughout my life a real friend, philosopher, and guide to me, and to all my children, for their understanding and patience towards me.

Medical science is expanding enormously year by year. These are the days of superspecialisation. It was possible to produce test tube babies (In vitro fertilisation, and embryo transfer etc.). Microsurgical techniques have also been developed successfully. But our country requires doctors to cater to the 80% of the population residing in rural areas. At the same time we should concentrate also on the quality rather than quantity of medical personnel.

The dire need of our country today is to improve the quality of medical education, to reduce considerably the maternal mortality and perinatal mortality with effective maternity and child health services, and to curb the population explosion by reducing the birth-rate.

Let us see how effectively these objectives can be achieved, and how best our Federation can help in this matter. The long term but effective approach would be by

(1) Reorienting the medical educational system,

(2) Ways and means to combat maternal and perinatal mortality with

effective maternal and child-health services,

(3) To implement Family planning programme on a warfooting, and

(4) Involvement of FOGSI.

(1) *Reorientation of Medical Education*

There is scramble for getting admission to medical colleges. Many of the bright students are denied the opportunity of admission because of the prevalent reservation system for certain categories. It would be ideal to withdraw gradually the reservation system within a definite period of ten years, but simultaneously giving free education, including hostel and library facilities to all students a like irrespective of caste or creed of the economically weaker section of the society. Admissions to medical colleges with capitation fees should stop with immediate effect. The standard of medical education at both undergraduate and postgraduate level should be raised under any circumstances. The teachers in the medical colleges should strive their level best to attain the same. There should not be any hurry to open additional medical colleges. It will be far better to equip adequately, and staff properly all the existing ones in India. In the selection of personnel in the teaching faculty in medical colleges as well as in health services, there should not be any reservation of any sort, and merit should be the sole criterion. In the teaching faculty 50% of the staff should be full time, and 50% should be in the Honorary capacity. The full time staff should be adequately paid, and even restricted private practice in the evening hours in the hospital premises could be allowed. Other alternative could be to appoint teachers to work for about 4 to 5 sessions of 3 or 4 hours duration either in the morning or afternoon, for certain times a week. The teaching appointments should be made for a specified period, and reappointment made after reevaluation of the work put in by the teacher. Such measures will give incentive to the teachers, reducing the total financial burden on the hospital and the medical college. This will also help in improving the standard of medical education.

There is dire need for improvement in the examination system at the undergraduate level. Credit system by giving 30% marks for internal assessment could be introduced for periodic semester examinations, and 70% marks at the other university examination. 50% of the examiners should be from outside universities. In the subject of obstetrics and gynaecology due consideration should be given to family welfare, not only in the teaching programme, but also in the examination too.

There should be integrated teaching in different disciplines of medicine, and not in isolation e.g. obstetrics and gynaecology. Preventive and social medicine, paediatrics etc. Such integrated lectures could be started from the first M.B.B.S. level too. The idea of social Obstetrics could be ingrained in the mind of the medical student from the very beginning of his medical career. Even the medical student should be entrusted to some patients and their families from the first M.B.B.S. level to probe and study the socioeconomic environments and background, and how these are responsible for the various diseases and their sequela. The period of internship of one year should be profitably utilised by sending the students 3 months to a rural medical centre, 3 months in obstetrics, gynaecology and

family planning, 3 months either in medicine or surgery, and 3 months in any optional subject. The rural centres should be manned by competent medical staff with visiting teachers from affiliated medical colleges. There should be proper and decent living accommodation for doctors and interns. In the internship programme of 3 months in obstetrics, gynaecology and family planning, the students should be allowed to do under supervision M.R., M.T.P., introduction of I.U.D., vasectomy and female sterilisation etc. A proper supervision and check should be there during this one year's internship programme for it to be more useful and effective.

As regards the postgraduate medical education is concerned, there should not be any reservation of any kind in selection of candidates. It should be entirely on merit. This training programme should last for a minimum period of 3 years, out of which 50% should have been done by holding a recognised residential post in obstetrics and gynaecology and the remaining 50% as a residential postgraduate student or with other allied resident recognised appointments like paediatrics, anaesthesia, surgery etc. To solve the problem of manning medical personnel in rural areas, it would be thought of employing the fresh medical graduates for two years period in the rural medical centres, which are adequately equipped with decent residential quarters and good remuneration. Those who wish to pursue their postgraduate career, out of two years rural service rendered, one year should be adjusted towards their total three years requirement to be eligible for appearing for postgraduate examinations. This will be a good incentive for doctors to go to the rural areas, and the rural areas in turn will get proper medical facilities.

There should be all India panel for examiners for the postgraduate examinations for maintaining the uniform standard. 50% of the examiners should always be external examiners from outside universities.

All these measures will improve the quality of postgraduate qualified doctors. For the practicing doctors as well as consultants barring those in the teaching hospitals there should be recertification every five or seven years of practice. They should be encouraged to attend the continuity of medical education programme every three years, which will help updating their knowledge.

(2) *Reduction of Maternal and Perinatal Mortality*

Maternity and childhealth services are the sheetanchors to reduce the maternal as well as perinatal mortality. There is considerable reduction in maternal mortality in urban areas compared to rural areas.

The reduction of maternal mortality was possible because of the increased and efficient antenatal and intranatal care, increasing practice of institutional deliveries, X-ray pelvimetry, newer diagnostic and therapeutic procedures, biochemical investigations, ultrasonography, effective management of labour, judicious use of caeserean section, blood bank facilities, safety of anaesthesia, chemotherapeutic drugs and higher antibiotics. The high-risk patients are transferred to a well equipped hospital. The close liaison between obstetrician as well as physician,

and surgeon has further reduced maternal mortality from associated medical and surgical conditions.

The perinatal mortality in our country is still very high, and is mainly due to low socioeconomic conditions, inadequate maternal and childhealth services, ignorance and illiteracy esp. in the female.

The perinatal mortality can be further reduced by linking the subcentres, primary health centres, District hospitals and the teaching hospitals. The high risk patients and the babies should be promptly transported by properly equipped flying squad ambulances to the nearest well equipped teaching hospital or institution. In the teaching hospital, in obstetrics department, there should be a close liaison with neonatologist, pediatrician, pediatric anaesthetist and expert nursing personnel to care for the newborn. After safe delivery of the fetus, its proper care is essential. Resuscitative measures with machines, small laryngoscopes, suction apparatus, continuous oxygen supply and blood gas monitoring are extremely useful. Incubators are necessary for premature, dysmature and high-risk neonates.

With all the sophisticated investigations and modern gadgets and devices, the maternal mortality rate and perinatal mortality rate esp. in the western highly developed countries have fallen tremendously. But too much reliance on the gadgets has been responsible to sidetrack the clinical acumen and this has resulted many times in higher incidence of operative delivery esp. caesarean section. All these facilities are limited in our country to a few teaching hospitals only and we have to fall back on our clinical judgement in the management of cases. This to my mind in our country has given the tremendous clinical acumen in our obstetricians which stands them in good stead in the management of intricate cases with incidence of operative interference to a minimum.

(3) *Implementation of Family Planning Programme*

In the field of Family Planning there is need for vigorous implementation of the programme throughout the country, by mass education through media like, newspapers, radio, T.V., community talks etc. and taking the people into proper confidence and utilising the services of the medical personnel. The public should be well informed about the free and efficient family planning services available inclusive of both temporary and permanent methods. In the permenent methods of contraception, vasectomy or female sterilisation should be carried out in proper surroundings with all due care by properly trained medical personnel. In case of female sterilisation, the method adopted should be such which could damage the fallopian tube least, as this will have important bearing in the operation of reanastomosis of fallopian tubes to restore the fertility if the circumstances demand at a future date.

For the success of the family planning programme the idea of small family norm should be ingrained from the secondary school level amongst the children, raising the literacy rate esp. of the female, so that the family planning advice is readily accepted. It would be worthwhile to raise further the age of marriage for boys and girls. There should be adequate and tempting incentives for persons having two children and stringent disincentives after the third child. The reduction in perinatal mortality will go a long away in

preparing the people for acceptance of small family norm, as well as sterilisation procedures. Not compulsion but persuasion and education will be more effective in curbing the population explosion and lowering of the birth rate in our country.

The public should be made aware of menstrual regulation and Medical Termination of Pregnancy services by various audiovisual and mass communication media, informing details as to where such facilities are available free of charge in the teaching hospitals, Government and Municipal hospitals, as well as in some district hospitals. Even the facilities of M.R. & M.T.P. in first trimester should be available at the primary health center, and the M.T.P. in second trimester at the district hospital, carried on by properly qualified personnel. Such measures will dissuade patients going to quacks for M.T.P., where they are risking their own lives and future illhealth, as well as chances of inability to conceive at a later date.

(4) *Role of the FOGSI*

The Federation of Obstetrics and Gynaecological societies of India was born in 1950 with five memberbodies affiliated to it. Today there are 77 memberbodies affiliated with a total membership of about 4900. Besides holding the All India Obstetric and Gynaecological conferences, FOGSI in 1976 exppanded its activities by constituting Perinatal mortality, Maternal mortality, Medical education, Family Planning, Medical Termination of Pregnancy and oncology and Trophoblastic Tumours subcommittees. Two more sub-committees i.e. (1) Medical nomenclature and Research Records and (2) Food and Drugs & Medicosurgical equipment, were added since 1982. Some of these Subcommittees also conducted surveys, held seminars, symposia, and even the data was published in the Journal of Obstetrics and Gynaecology of India.

I wish the FOGSI member bodies and FOGSI members could help the community and Nation in the following ways.

(i) Each memberbody can form various subcommittees of their own, and co-ordinate the work and activities of the FOGSI Sub-committees.

(ii) The memberbodies should adopt Primary Health Centres and Subcentres and these be regularly visited by members of the society in turns. This will help in strengthening the maternity and child health services.

(iii) Memberbodies should organise Family Planning Camps by Conducting vasectomy and female sterilisation Camps in District and Taluka places on regular basis in properly equipped places, by properly trained members.

(iv) To organise health check-up camps regularly every fortnight in villages to detect any abnormal obstetric or gynaecological disorder, and to have mass screening programme of vaginal smears to detect early cases of carcinoma of cervix. By repeating the health camps every fortnight, the follow up of previously examined patients could be carried out. Even the operation camp for gynaecological conditions could be organised periodically at District hospitals turn by turn to give the benefit in the community around.

(v) Organise talks with audiovisual aid on common subjects like Family Planning, M.T.P., early detection of cancer cervix, body of uterus and breast, importance of breast feeding, sexually transmitted diseases etc. in the colleges, or public lectures in the towns and villages to have mass awareness on such vital topics.

(vi) Organise annual day when guest lecture could be arranged alongwith half or full day scientific programme.

(vii) Memberbodies in specific state or region should get-together and organise annual regional conferences under the auspices of FOGSI. If feasible even continuity of medical education programme could be arranged for a day or two. Such conferences could be supplementary or complimentary to our annual All India Obstetrics and Gynaecological Conferences.

(viii) Refresher courses for medical graduates as well as postgraduates every year for updating their knowledge.

Future Activities of FOGSI

I wish that obstetric and Gynaecological Societies are formed at each city or town where medical college exists. Such Obstetric & Gynaecological Societies could form a proper nucleus for pursuing and implementation of the aims and objectives of FOGSI.

Further every obstetrician and gynaecologist in our country should join the FOGSI and help in its activities. It would be befitting to have a decent premises of its own for FOGSI at its headquarters in Bombay, having not only the facility for office, but for a well-equipped reference library place to carry out certain activities of subcommittees of FOGSI, and some guest rooms for FOGSI members while they visit the headquarters, Bombay. Very shortly I am contemplating to start the FOGSI building fund. I am sure in this endeavour all FOGSI members will contribute their might in fulfilling this dream of FOGSI.

There are some medical Institutions which have developed certain specialities as well as superspecialities in our country. There should be many travelling fellowships offered to our own FOGSI members with postgraduate qualifications and professional standing of at least five years, which will enable them to visit such institutions.

Such institutions should also organise specialised courses for a duration of 4 weeks, four times a year to enable doctors from different parts of our country to take the advantage.

Similarly, there are eminent teachers and research workers in our country too. If travelling (visiting) Professorships are instituted regularly with the help of FOGSI, University and the Government, the students will be immensely benefited by their expertise.

Our Federation should also prepare and submit the list of very experienced teachers who would be willing to undertake teaching programme, as well as examinership for postgraduate examinations in other countries abroad in collaboration

with Asia and Oceania Federation of Obstetrics and Gynaecology and the International Federation of Obstetrics and Gynaecology. FOGSI also can fruitfully co-operate with other allied organisations, I.C.M.R. etc. and other worldwide organisations like W.H.O., UNICEF etc. in carrying out research activities through various subcommittees of FOGSI or organise seminars or symposia on vital topics like maternity and child health services, maternal and perinatal mortality, family planning, early detection of genital cancer, importance of breast feeding etc.

FOGSI Members: To my dear Colleagues all I can say is:

Do all The good you can
By all The means you can
In all The ways you can
In all The places you can
At all The times you can
To all The people you can
As long as ever you can

Conclusion

I would like to thank the organising Committee of the Poona Obstetric and Gynaecological Society for organising the 26th All India Obstetrics & Gynaecological Congress in an excellent manner, with plenty of scientific material and very interesting social functions. Our thanks go to each and every member of the organising committee as well as the Host Society.

I also thank you one and all for attending this memorable conference and I am sure when you all go home, you will have very pleasant memories to carry home with you.

In conclusion, I pray God Almighty to strengthen the bonds of friendship and unity amongst all the members of the memberbodies of FOGSI, and bless FOGSI with the Choicest Blessings to become more active, vibrant and foremost National Obstetric and Gynaecological Society in the world.

"JAI HIND"