PRESIDENTIAL ADDRESS

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PROFESSOR VASANT B. PATWARDHAN

I stand here this afternoon with a complex jumble of thoughts.

I feel privileged because you, the discerning members of our memberbodies bestowed your confidence in me by electing. This day, my memories take me back to the many dear debts which I wish not to repay. But I do want to mention them. I was coached by my father, late Dr. B. D. Patwardhan. Ever since I entered medical college, he impressed on me that I must be a humane doctor, a good gynaecologist and an understanding teacher. My late mother inculcated in me the importance of love and empathy. My brothers and sisters and their families have always supported me. My wife, Lalita, has been a constant source of encouragement since the days I was courting her, she has given me support to overcome my weaknesses. Our children too have been a source of strength to me. I also want to acknowledge debt to my wonderful teachers, especially to late Dr. K. M. Masani and late Dr. Juliet DesaSouza. And I want to mention my gratitude to Dr. C. L. Jhaveri and Dr. R. D. Pandit for their constant encouragement.

This day is indeed one of the most important days in my life. To be installed as the President of this great organisation, the FOGSI, is ofcourse very heartfilling. Its a dream come true. But to be installed in Calcutta, the 'CITY OF JOY' is an extraordinary honour. This city has had many distinctions. But in recent memory, this is the city which gave to our nation the first Nobel laureate in Dr. Ravindranath Tagore, the great sage Swami Vivekanand, the great revolutionary Subashchandra Bose, one of the finest creative artists Shri Satayajit Ray and in the most recent times, the Godly Mother Theresa. In our own speciality, we had pioneers in Sir Kedarnath Das and Dr. Subodh Mitra. They made our country famous in the world of Obstetrics and Gynaecology.

It is good feeling to be the President of FOGSI, but I am conscious of the enormous task before me. I am aware that I am now occupying the Chair previously adorned by the Greats in our field. Our Federation has had great women and men as its past Presidents. If I may take the liberty to mention just a few of them - we have had great organisers like Dr. s Chamanlal Mehta and C. L. Jhaveri, meticulous planner like Dr. R. D. Pandit, academicians and teachers like Dr. s M. K. K. Menon, S. Jhirad, K. M. Masani, C. G. Saraiya, Tarun Banerjee, V. N. Purandare, C. S. Dawn, S. Dasgupta, original thinkers and inno-

vative surgeons like Dr. s V. N. Shirodkar, Subodh Mitra, B. N. Purandare, Raman Nadkarni, N. N. Roy Chowdhury and many many others whom I do wish to mention, but do not do so only to save your valuable time.

We are on the threshold of the challenging dawn of the 21st Century. There has been tremendous progress in all spheres of human endeavour these past few decades. Now, the pace of growth in knowledge is truely mind boggling. What appeared as wild forays in imagination only a short while ago have become realities. Newer, fanciful leaps are only becoming fresh challenges to be conquered, mastered, bettered and most importantly, put to practical use for the betterment of our society. The Alma Ata Declaration guaranteeing HEALTH FOR ALL BY YEAR 2000 must not be allowed to be an empty rhetoric. We all know that TIME IS SHORT, PERHAPS TOO SHORT. But I am sure, we will not let that be an excuse for laissez-fair. We will catch time by the horns and grapple our problems with extra resolve and renewed dedication.

Inspite of all the advances in medicine both real and a few imaginery, our basic problems have almost remained the same. Our maternal mortality figures are too high, and the perinatal outcome dismal. Added to this is our failure to establish a good fertility control programme. Our Maternal and Child Health (MCH) Services are woefully inefficient not only in our villages but also in urban slums; for all practical purposes, they exist only on paper. In most of our villages, there are no qualified doctors or even trained nurses. Fresh medical graduates are reluctant to accept postings to our primary health centres. Besides, they get very little or no practical training during their undergraduate period, and are therefore very poorly equipped to work on their own in our rural set-up. Trained nurses are also unwilling to accept rural postings. They feel insecure to stay alone for fear of social harassment, and at times even sexual abuse. Is it not possible to make living in villages a little more agreeable, attractive and secure for our young doctors and nurses ?

We have to set down our priorities and sort out our problems. Our basic priorities are to drastically reduce our maternal and perinatal mortality and morbidity and also the birth rate. These are closely linked to increasing literacy rates of women and also enhancing their status in society. Kerala, and to a lesser extent Goa, Maharashtra and Tamil Nadu, have proved, if any proof is necessary at all, the importance of women's literacy in improving obstetric outcome as well as reducing birth rate. Women's education is a social problem. We can contribute to it by stressing its importance to our patients and especially to their family members. Here, I am reminded of the old saying, "Educate a boy, you only educate an individual; educate a girl and she will educate the whole family".

As of present, we are unable to provide optimal MCH services to our rural areas. It will be absurd to expect the pregnant and parturient to come to our far flung health care centres. Today, most of the deliveries are taking place in patients' homes in the villages. They are attended

by UNTRAINED TRADITIONAL BIRTH ATTENDANTS (TBAs). I feel very strongly that FOGSI has to go "RURAL". We have to establish a bond of trust with the TBAs. We must disseminate the all important knowledge of Safe Motherhood's Do's and Dont's to the TBAs. This must be accomplished fast as the TBAs will continue to attend to the parturients till such time that we establish proper MCH services for the whole country. By training the TBAs, we will make them aware of the problems of High Risk Pregnancies. This will ensure timely referal of the High Risk Gravidas to proper centres.

This brings in the great importance of the small societies at taluk and district towns which are affiliated to our Federation. Members of these societies play a very vital role in delivery of health care to the rural areas. I feel very strongly that FOGSI can contribute substantially through its Rural Obstetric Committee. Each soceity should have a cell attending to Rural obstetrics. If each member can give just one hour every week for this work, we will have made a small beginning. This will mean more than half a million hours of service in a year from our work force of 10000 members. Our federation has twenty other committees. I suggest that Chairpersons of these committees lend an extra hand to the Rural Obstetric Committee. This will enhance contribution to our common goal of better health care to the women and children of our country.

Our national fertility control programme is in shambles. Successive governments and politicians have just not cared to attend to the one programme whose success will guarantee to lift our nation out of the guagmire of poverty, illiteracy and ignorance. Today, no political party has the courage to openly support and act to implement fertility control programme. The result is - our women folk are still hopelessly stigmatised by three adjectives: POOR, POWERLESS and PREGNANT. Failure to prevent the demographic explosion has made our country one of the poorest, miserable beggars in the world. And this despite the fact that we have one of the largest scientific pools in the world ! But it is pointless wasting our time in blaming the politicians for the mess. We must take lead in implementing this goal. As a matter of fact, almost the entire fertility control programme in our country is run on the shoulders of we gynaecologists, be it in the form of MTPs, Spacing or Sterilization. Let us actively promote this programme.

We have to act urgently to improve our obstetric results. We are already frighteningly late. But I am confident that we all members of our large family of memberbodies are capable of performing a revolution and achieving our goals. We have the expertise. We have physical and even financial capacity to bring about a sea-change in the present sorry state. All we need is activation by a few catalysts. We have actually a very large number of members with inherent leadership qualities. Few of our members are already going to rural areas to render medical care. They have been doing this with no expectation of any return. Like good Samaritans, they spend their time, energy and money for this social service. I will make mention of just one leading member who was recently bestowed a unique

international honour. Just a few months back, Dr. Banoo Coyaji was awarded what is considered as the Asian equivalent of Nobel Prize, the prestigious Magsaysay Award. This was in recognition of her pioneering work to take the art of loving and caring obstetric and paediatric care to the real poor and deprived segments of society in Pune District of Maharashtra.

Today, it is fashionable to possess the newest and most expensive equipment. I am certanly not against having better equipment which enables us to diagnose complex problems correctly and ensure their logical treatment. But we must consider the fundamentals of economics. We should purchase sophisticated equipments for our public hospitals only after due consideration of their cost effectiveness. It is absolutely wrong to have an expensive gadget without making sure that it can be manned by an expert, and that it does not remain idle for want of proper maintainance or simple spares. Ultrasonography is one tool that has created a revolution in our speciality. Its value both in diagnostics and therapeutics is beyond doubt. But this costly machine is bought without undergoing proper training in its use. Sometimes, the machine is required to churn out a minimum number of reports every day so that bank's instalments are paid in time. The result is that assessment and reports are too slipshod. Some of us accept these reports, not bothering to co-relate with clinical findings or other investigation reports. This simply means that we treat the report and not the patients ! Similarly, machines for cardiotocography and colour doppler studies, wherever available, must be used intelligently to avoid unnecessary inductions or operative deliveries.

We have made great strides in our field. The best of technologies and their know-how is available at a few centres in our country too. We have eminent scientists who have mastered such complex procedures like the art and science of Assisted Reproductive Technology. Their results are comparable to those of the elite centres in developed countries. But again, let us remember our priorities. Let us not forget that the number of couples requiring this costly treatment is too small. We must conscenciously promote adoption as an alternative to the childless couple. This will cause less psychological trauma to the many who cannot carry home a baby despite much emotional turmoil and considerable expense. Furthermore, adoption will ensure a loving home for the unwanted, discarded child.

Gynaecologic surgery has made many advances and modified some of the old procedures. Awareness of microsurgical techniques has revolutionised surgical procedures. Mops are out and mop count unnecessary. Blood in the operating field is not to wiped off but washed away with irrigation and suction. Advances in endoscopy have threatened to put away on the attic the commonest gynaecological opefation of D. and C., and threatened coventional surgery like hysterectomy for D.U.B. in perimenopausal age. Nay, it now says keep the uterus sans (without) the bleeding endometrium. Ovarian neoplasms, if benign, are tackled through the laparoscope. Tubal pregnancy is diagnosed very early before it threatens the patient's life and treated conservatively so

that her fertility potential is not jeopardised.

But the problem of avanced gynaecologic malignancies remains. Cervical cancer is still the major killer in this group. We have now realised that though cytology is excellent for diagnosis of Pre- and early malignant lesions of the cervix, we just do not have enough personnel to take smears, and more importantly, competent persons to interpret these smears. With our large and widely spread out population, it is not possible at present to do cytologic screening of every woman even once in her life time. We should certainly increase facilities for cytology and colposcopy. In the meantime, let us emphasise that every cervix be properly inspected during any procedure like M.T.P., I.U.C.D. insertion etc. This will increase the referal of patients with abnormal appearance of cervix to appropriate centres and help down-staging of the disease.

The Indian College of Obstetricians and Gynaecologists (ICOG) of our Federation was born a few years back. It has already started holding examinations for Diploma in Obstetrics and Gynaecology (DICOG). Soon, it will start examination for Membership (MICOG). MICOG must be a very prestigious qualification, awareded only after a thorough test. It must compare well with similar qualifications awarded abroad. besides holding examinations and awarding diplomas, our College must undertake a much more important activity. It must start a regular programme of academic update for our memebrs.

Our profession is plagued by two crisis in the last few years. AIDS has really hit our country. Every few days, there are reports of ever increasing numbers of affected persons. Unfortunately, economic constraint denies us the facility to screen every patient. We are missing diagnosis of AIDS carriers as well as patients. We will have to find means for mass screening programme of our population. Our fraternity can play a very vital role in educating society and help control spread of this dreadful disease.

The other crisis we have to face is the ever-increasing threat of litigation. The application of Consumer Protection Act to the medical profession has threatened the very mode of our practice. Unnecessary costly investigations are ordered for minor problems because of fear of litigation. A lot of frivolous complaints are lodged against the attending doctors. These do get dismissed in due course and the doctors concerned are absolved of any blame. But the adverse publicity of these complaints in media, often rather too sensational causes too much embarassment and psychological trauma to the doctor, besides loss of patients' faith in the medical profession. There are a lot of grey areas in our practice, especially in obstetric practice. Momentous decisions have to be taken at the spur of a moment. Sometimes there is a mishap even after the best effort. I wish to stress here that what we need in such circumstances is proper documentation of examination findings, investigations, treatment etc. There should be absolute transparency in our actions. We should be sympathetic and understanding with the persons concerned. This is certainly no time for demanding payment for services rendered. We must have

empathy for the suffering. I feel strongly that this is a field where FOGSI must step in a big way to help our memebrs. We should try to have a list of minimum equipment, proper forms for entry of patients' records, etc. if our professional body intervenes in a few test cases, I think the Consumer Courts will take cognisance of our opinion. I wish our Medicolegal Committee goes into this, and publishes a booklet on this subject at the next Congress at Coimbatore.

A few words about the Congress. The three official subjects of the Congress have been chosen by the Managing Committee after great thought. SAFE MOTHERHOOD is the very raison d'etre of our speciality. We have travelled a long way but our destination is far too far away. I AM SURE, THIS CONGRESS WILL GIVE OUT A CLEAR MESSAGE AND PROPER GUIDELINES TO MAKE MOTHER-HOOD REALLY SAFER. The second subject is EARLY DIAGNOSIS OF GYNAECOLOGICAL MALIGNANCIES. By and large, patients with cancer seek medical aid when it is too late. We have to go to our villages and convince them about the importance of a proper medical examination even when there are no complaints. We must organise wider and proper publicity of warning symptoms of cancer. We need to make our family physicians shed their apathy to do routine gynaecological examination. In due course, our problem is going to be early diagnosis of ovarian malignancy. Though methods are available for diagnosing this at an early stage, they are not cost-effective and practical at the present times. The third subject is PREMATURE OVARIAN FAILURE. Though not common, this is a very frustrating problem to those affected. We can diagnose its onset with ease, but there are no definite methods of predicting or treating it. These are such young women for whom the flower of youth has withered too early.

We will have the FOGSI-RALLIS ORATION and the FOGSI Oration. We will have an additional oration from this year - the FOGSI-INFAR ORATION. The three orators are very learned scientists. Besides, there are eminent invited speakers, both from India and abroad. There will be symposia and panel discussions. Most important, we will have many scientific papers presented by the young and not so very young.

To cap all this, we will have fabulous social and gastronomic feasts. The real piece de resistance shall be the CULTURAL PROGRAMMES for which Calcutta nay the whole of Bengal is famous for. Believe me, Dr. Nogen Roy Chowdhury as the Chairman of the Organising Committee, Dr. C. S. Dawn as Chairperson of Reception Committee, Dr. Alokendu Chatterjee as the Organising Secretary, Dr. K. M. Gun as Chairperson of the Scientific Committee, and each and every member of the Organising Committee have put in tremendous efforts and spared no pains for more than a year for the grand academic, social and culture extravaganza we all will enjoy the next three days.

I take this opportunity to wish you all a pleasant stay in the cultural capital of our country.

I also take this opportunity to wish you all a VERY HAAPY AND PROSPEROUS 1994.

Before I end, please accept my heartfelt thanks for a patient hearing.