

PRESIDENTIAL ADDRESS
THE 40TH ALL INDIA OBSTETRIC AND
GYNAECOLOGY CONGRESS

27th December 1996

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“Role of An Organisation”

It is with a deep sense of humility and gratitude that I take the podium today to address you as the president of the FOGSI. I consider this a great honour and I sincerely thank all the members of the FOGSI for electing me to this office unanimously.

It is my great pleasure that my revered teacher Dr. C.G. Saraiya is present here this evening. He has been an exemplary President of this Federation and has been a source of inspiration for so many of us. He ethically practiced precisely what he preached. He has offered a donation of One Million rupees to the FOGSI unconditionally only with the words **“please use this for the betterment of the women of India.”**

I am fully aware of the great respon-

sibilities of this August office from where the doyens in the art and science of obstetrics and gynaecology have guided the destiny of this great federation - Dr. V.N. Shirodkar, Dr. B.N. Purandare, Dr. Subodh Mitra, Dr. V.K. Krishna Menon and Dr. C.L. Jhaveri - all great personalities with an international stature.

Dr. V.N. Purandare, Dr. R.D. Pandit, Dr. Mahendra Parikh, Dr. C.S. Dawn, Dr. R.V. Bhatt, Dr. N.N. Roy Chowdhury, Dr. Vasant B. Patwardhan, Dr. S. DasGupta, Dr. S.N. Daftary, Dr. Usha Krishna and Dr. Shirish Sheth have always provided guidance in times of need and I look forward to the wisdom of other illustrious members like Dr. N.D. Motashaw, Dr. M.D. Adatia, Dr. Mehroo Hansotia and Dr. Sadhna Desai.

What is FOGSI?

The Federation of Obstetric & Gynaecological Societies of India is one of the largest amongst the Obstetric and Gynaecological societies in the world. It has 124 constituent societies, with a **membership of almost 12,000 specialists** in the science of Obstetrics & Gynaecology. The Indian College of Obstetrics & Gynaecology is an important component of this federation.

We have made great strides in our field. The best of technology and knowhow is available at a few centres in our country. We have eminent scientists who have mastered the art and science of Assisted Reproductive Technologies. Their results are comparable to those of elite centres in developed countries. We have extremely brilliant Sonologists, Endoscopic Surgeons and Microsurgeons at many centres in the country. We are proud FOGSI is largely responsible for keeping its members updated on the latest in science and technology.

Safe Motherhood :

FOGSI has been contributing for the cause of Safe Motherhood in studying the causes and prevention of maternal deaths. So far so good, but we have a great task ahead. The maternal mortality rate is still 400 per 100,000 live births, which is a hundred times the figures for the U.S. and the developed world — 4 per 100,000 live births.

An estimated 500,000 maternal deaths occur each year in the world. This means

that a woman dies from a complication related to pregnancy and child birth every minute every day. The tragedy is that 99% of these deaths occur in the developing and underdeveloped world and 1,25,000 i.e. 30% of the total maternal deaths occur in India alone. **Every 3 minutes a maternal death is occurring somewhere in my country.** The misfortune is that they are all preventable. Maternal death is not the death of the mother alone - it affects the whole family.

Survival of the mother is just one part of the problem in obstetric care. For every maternal death, 16 mothers are crippled by childbirth, some for the rest of their lives.

The task ahead is gigantic and FOGSI has a commitment to the mothers of India. **A force of 12,000 Obstetricians cannot be silent spectators to this tragedy.** There are no easy solutions to this great socioeconomic problem. We have deliberated on this issue intensely and started action in right earnest.

For Safe Motherhood programme to be successful three powerful sources have to be aligned, the Government Agencies, FOGSI and NGOs — UNICEF. We have been successful in establishing a dialogue on a Safe Motherhood programme and aligning these three powerful sources.

For the Child Survival and Safe Motherhood programme (CSSM), the Government has the establishment of an extensive network and is making

a valiant effort to do its best. The magnitude of the problem however makes it difficult for the Government to succeed alone.

We as FOGSI members are very keen to offer our strong helping hand both in Urban & Rural areas and as a step towards this proposition we had a workshop on how best the Government of Maharashtra, the FOGSI and UNICEF can together work for the cause. The support and the enthusiasm that we received from both agencies is very heartening and exemplary. We now have a proposed task force consisting of Government representative, UNICEF & FOGSI to work for the whole country for the CSSM programme at the taluka level. We owe a great deal to the Government of Maharashtra and to UNICEF for the proposition.

As far as the rural areas are concerned, we want to have close co-operation between the first referral units and the obstetricians in the area and luckily now most taluka places in India have an obstetrician who is a member of FOGSI. The chief defined function of the Obstetrician is to provide Emergency Obstetric Care and to hold educational programmes twice a year for all health personnel. To our first appeal for this cause we had a tremendous response from FOGSI members and our files are filling up with the names of voluntary workers.

But, Ladies and Gentlemen, this will

tackle the problem only to a certain extent. This ultimate goal has to be the education of the mothers to be, that they demand their rights to a safe delivery and we all must provide it. **Education is the cornerstone of care of the girl child and empowerment of women.**

FOGSI'S Reproductive Health Care Fund :

For our initial working, dear members of the Federation; we have established the FOGSI's Reproductive Health Care Fund where every FOGSI member voluntarily contributes a minimum of Rs. 300/- in 3 years. It is pleasant news to know that on our first appeal we got donations of Rs. 10,000/- each from so many members and a large number has donated in different denominations. I am sure FOGSI has still, larger resources.

I am sure by contributing to this fund you are showing your commitment to the cause of Safe Motherhood for which you have lived all your life as Obstetricians. **This fund may set up a new trend where the doctors themselves contribute to the cause for which they stand.**

Breast feeding promotion :

A baby who is not breast fed is 14 times more likely to die from diarrhoea, four times more likely to die from pneumonia and twice as likely to die from other infections. Mortality is very very high in this group. What we are concerned with

is the declining practice of breast feeding in our country, especially in urban areas where the bottle is fast replacing the breast with disastrous results.

About 30% of children in rural areas are malnourished by the age of five. Hence it is imperative to preserve and promote the traditional sound practices of breast feeding and to educate one and all on the correct practices of breast feeding and infant nutrition.

The improper and inadequate instructions to the mother about colostrum and hence very early top feeds, supplementing breast feeds with other nutrients all take away the absolute advantages of breast feeding.

The cost of feeding a non breast fed infant is about Rs. 500 per month. This does not include expenditure on treatment as a non breast fed infant is at a much higher risk of infection. Most children get diluted milk because of cost. Human milk has inherent antiinfective properties which no other milk has. Mother's milk is designed for easy digestion and assimilation. Proteins in mother's milk are in more soluble form and are more easily digested and absorbed. Hence it is imperative to preserve and promote the traditional sound practices of breast feeding. The Obstetrician or the one who delivers the mother has the responsibility to promote the correct breast feeding practices.

The new born should be put to the breast immediately after the delivery and

the labour is considered complete only when the baby is breast fed.

Our objective for 1997 therefore is to promote correct breast feeding practices which will go a long way in improving neonatal and maternal health. Hence, FOGSI has designated the year 1997 as

"FOGSI Breast Feeding Promotion Year - 1997"

During this year,

- * every FOGSI letterhead will carry the inscription "FOGSI Breast Feeding Promotion Year - 1997"
- * every FOGSI envelope will have four key messages on correct breast feeding practices
- * four fliers on Breast Feeding Management will be developed by MBPI and Printed by UNICEF to be circulated to all FOGSI members during the year
- * The Journal of Obstetrics and Gynaecology of India, has six issues during the year. Each issue has a circulation of 14,000 copies. One of the issues will be devoted to breast feeding promotion and will carry scientific articles on the subject.
- * and FOGSI will organise three-hour workshops on the subject and urge members to have their hospitals and maternity homes recognised as baby-friendly hospitals encouraging breast-feeding.

I have an appeal for all media persons to promote the concept of breast feeding in the interest of Women

of India. It further helps as a contraceptive and may prevent the killing disorder cancer of the Breast and Ovary. Industry making milk substitutes has promoted its product and now it is for the media to glorify breast feeding. I request every media publication to carry more than one write-up on the issue — **if it is a newspaper as news, if it is a health magazine as a health practice and if it is a fashion or lifestyle publication as fashion or lifestyle.**

Litigation and Obstetrics and Gynaecology :

The application of the Consumer Protection Act to the medical profession has threatened the very mode of our practice. Unnecessary costly investigations are ordered for minor procedures because of fear of litigation.

Obstetric practice is a difficult area. Often, major decisions, sometimes involving life and death, have to be taken on the spur of the moment and sometimes there are complications even with the best of efforts and intentions. Often, it is difficult to explain all the parameters involved to emotionally-charged family members. I request the concerned authorities and who have patient welfare at heart, to dialogue with the medical fraternity on whether it is wise to apply the Consumer Protection Act to doctors or find other, more effective ways to protect the interests of patients.

40th Annual Congress of Obstet-

rics & Gynaecology at Pune :

The 40th Annual Congress of Obstetrics & Gynaecology is poised to be an epochmaking event. This is the first congress where we proudly associate ourselves with the medical division of our armed forces. The congress has 21 international members on the faculty and will attract a record number of delegates. More than 350 important scientific research papers will be presented concurrently by young members in 10 different halls. The greatest glitter will be provided by the presence of the highest echelons of the national pride of our army medical corps. We have 7 generals, 12 major generals, 15 brigadiers and many more distinguished rankholders in the army medical corps. I do not know how to express my gratitude and feeling to those who have toiled for the success of this congress, night and day — Dr. S.M. Nargolkar and Dr. Col A.B. Chattopadhyay the organising secretaries who have been the heart and soul of the congress, ably guided by the chairman Dr. A.V. Umranikar and Dr. Col. P. Arora professor and head of the department AFMC.

I want to end on a personal note, as doctor to doctor. The physician is a role model of physical and mental health for the society. To be effective healers, we need mental fortitude and for that we need to look within ourselves and have physical exercise of some nature.

For me, my wife Nalini and my children have been my strength in my practice and career. Of the eight members of my family seven are professionals in health care. The one member, my grandson Anosh though

too young to speak would probably agree with the feeling and thoughts of the family which are reflected in the few lines on which we have worked together, and our Prayer is

It is indeed a pity, O Lord,
that my livelihood is dependent on the ailment of my fellow human.

But it is also my good fortune,
by alleviating their suffering and,
by serving them,
You have provided me an opportunity,
to mitigate my selfish motives.
You have placed upon me a great responsibility,
I pray for the mental fortitude to,
discharge it to the best of my ability.

Let me not consider my patients to be challenges to my skills,
neither as objects on whom I can experiment and research,
nor as a medium for quick money,
But, let his recovery be my prime objective.
Give me the perception that the treatment remains the same,
whether rich or poor.

Give me the ability to hear out all his complaints attentively,
to understand not only his body, but also his mind.
Let me not forget the significance of hope and encouragement,
along with the best of medical management.
Let me have the compassion, patience and generosity to appreciate
the natural anxiety of his kin and their means.

This profession is noble,
But not without temptations,
And me the equanimity, discretion and balance,
In moments of making serious decisions,
To fulfil my professional responsibilities,
Constantly remaining a close friend of the family.

Give me always the humility and faith,
To appreciate that you are the greatest healer.
Well-being flows from you,
And I am only the channel.

A Physician's Prayer translated from Gujarati
"Param Samipe" - Kundanika Kapadia