D. K. Gupta
President, Indian Association of Pediatric Surgeons

Honorable Shri Sadanand Godbole, the Mayor of Jabalpur, other dignitaries on the dais, founder members, Past Presidents and Members of the Indian Association of Pediatric Surgeons, Distinguished Guests from India and abroad, delegates, faculty, students, ladies and gentlemen, at the outset, I feel honored to be before you as the President of the august association, paying my respect to my teachers and my late parents.

Though, it is customary for the president to air his views on various important issues, yet due to the limited time available I shall touch upon only a few of those, I feel strongly about, also realizing that many of these are beyond our control.

The Indian association of pediatric surgeons (IAPS) established in 1965 as a section of Association of Surgeons of India (ASI), separated from it to become an independent association in 1994. Since then, the IAPS has grown from a humble beginning of 12 to the present strength of more than 800 members and we collectively add 30-40 pediatric surgeons more each year from 23 teaching departments. The association holds its annual conference each year and publishes its own journal. The association has instituted two orations, 3 medals and many fellowship awards to encourage the younger generation and also honor the senior members. Many state chapters have been formed and these are regularly holding CME programs and workshop to promote pediatric surgery at the regional level, which are also quite well organized and attended.

On the clinical front, there has also been significant improvement in the care of children with trauma, malignancy and serious infections. With the development of infrastructure for providing care to the surgical Newborns, albeit slowly, there is remarkable improvement in the survival in this field also. Our specialty is very demanding and the facilities, including the trained manpower, are limited and mostly restricted to the major cities. Most pediatric surgical patients in India have to travel for long hours even for short distances.

The clinical workload in the specialty is immense but is mostly directed to institutions, for seeking free, fair and seasoned service. The private sector is coming up but very slowly. However, the cost involved for pediatric surgical procedures has been very prohibitive, especially for the newborn surgery and patients with malignancy, the treatment for which remaining beyond the reach of the common population. There is hardly any insurance cover so far. Antenatal diagnosis is made for only 10-15% anomalies. Folic acid prevention therapy is yet to take off fully. One still commonly sees large number of babies born with the challenging anomalies like Spina Bifida, extrophy bladder, gross hydrocephalus, genito-urinary and many other serious malformations requiring ethical, practical and professional approach before treating all of them. Finally, the job opportunities even for the most qualified and the talented staff are extremely rare. This has brought serious professional dissatisfaction and rather frustration specially amongst the younger pediatric surgeons.

In a vast country like India, with lot of diversity in clinical workload, teaching and the research priorities, we have the following objectives:

1. To provide specialized pediatric surgical services to over 400 million pediatric population of our country less than 14 years age, at an affordable cost and safety, with ethical and professional approach.
2. To provide rigorous and uniform training in pediatric surgery, including sub-sections, at least in apex and centers of excellence.
3. To utilize the available limited financial resources to conduct the need based research for common diseases that we encounter frequently in the country.

NATIONAL SCENARIO

Our National Health Policy draft plan of 1983, has been revised in the year 2002. The nation spends only 2.6% of its annual budget on health care. It increases to 5.2% if the expenditure incurred on providing preventive public health and hygiene is also included. The Government still
has to focus on controlling the communicable diseases through various national health programs and treat malnutrition, diarrhea and infectious diseases on priority. Smallpox has been eradicated. Polio is on the verge of eradication. There has been substantial drop in the total fertility rate and infant mortality rate. Present population in India has already crossed 1 billion and we add 17-18 million newborns each year, equal to the total population of Australia. The life expectancy has also increased from 36.7% in 1951 to 64.6% in year 2000.

Medical profession is a profession of the greatest service to the humanity. It is, therefore, important that our medical education is of the highest quality and standard. Pediatric surgery is new and yet to be recognized for the role the specialty plays in providing quality care and reducing the national IMR. Pediatric surgical services are presently limited only to the urban cities with very little or no pediatric facilities available in the rural sector. Also, the general surgeons are performing almost 70-80% of pediatric surgical procedures as the pediatric surgical specialists are not available in all centers or the medical colleges. We look forward for developing pediatric surgery, not only in each and every Medical College in the country in the near future, but the facilities need to be extended slowly at the district level also.

ADVANTAGE INDIA

Charles S Mayo from USA, commented that to be a teacher in Medicine, one has to be a student always. The main strength of pediatric surgery in India is the massive clinical work load dealing with large pediatric population. This offers unique training opportunities to the surgeons and the residents practically in all aspects of surgical disciplines, except open heart surgery and advanced neurosurgery. We must utilize the opportunity to not only provide quality training to our residents but also to those from the other developed and developing nations.

It is a matter of great pride and satisfaction that not only the national conferences but also the state chapters are conducting highly educative workshops and CME programs. A retired Professor of general surgery from Northeast region recently commented and I quote – “Pediatric surgery is the only sub-speciality left in the country at present that still deals with general surgical problems from head to toe in the pediatric age group under one roof”.

TEACHING AND TRAINING

The teaching program in pediatric surgery in India was started way back in 1969. Even in USA, it was only in 1972 that the American Board of Surgery approved certification in Pediatric Surgery, to be followed by Canada and Great Britain in 1976. The Inter Collegiate Board of Royal Colleges in U.K. started its examination only in 1990s. We are proud of our postgraduate training program and the deep involvement of the teaching faculty. Our detailed post doctorate-teaching program, our curriculum and the syllabus are available and our expertise in this field is being utilized by many national and international associations, including the international education committee in pediatric surgery of the World Federation of Association of Pediatric Surgeons (WOFAPS).

India being a vast country, all facilities are not likely to be available in each and every center and so also the quality of teaching and training. Most our residents become quite trained and adequately competent after receiving the rigorous 3 year training. To meet any shortcoming, interdepartmental and the interstate exchanges must be developed to widen their horizons and also keep the specialty vibrant and attractive. We have wealth of talent in our country. They just need infrastructure in the field and the proper guidance and the environment to work, and I have no doubt that they would excel to any extent and in any field of medicine.

I have quite often been asked in the overseas meetings about the place of my training background, as if high quality presentations, clinical expertise and the research work, were not expected unless somebody had been trained overseas. The time has gone when Indians used to go overseas for higher training in Pediatric surgery. In the recent past, we have been able to reverse the trend. Not only the residents but also the faculty from developing and developed countries have started visiting the department of Pediatric surgery at the All India Institute of Medical Sciences, (AIIMS) for higher training. This welcome change has come with devotion, dedication, hard work & patience. The need is that many more teaching departments in this country have to improve in their teaching and training programs and hopefully would come forward to contribute in this field in near future.

ANIMAL RESEARCH

I firmly believe that the postgraduates during their training period in Pediatric surgery must learn experimental research in addition to the basic/clinical research. As is well known, all our trainees at the All India Institute of Medical Sciences, New Delhi, are required to perform regularly one clinical and one experimental study under the guidance of the faculty. This is important to expose them to learn the use of Library and the research meth-
odology to make them better teachers of tomorrow. Unfortunately, Animal experiments are being conducted only in a few institutions in India. It is quite regretted that even the basic facilities and the congenial environment for quality research in pediatric surgery is yet to develop in most centers in this country. Also, due to immense clinical workload, there is scant time and temperament to conduct research.

Due to the objections being raised for the animal experiments, the ongoing animal experimental research programs has been affected seriously even in the major institutions. I feel animal research is essential, however, these need to be performed under strict supervision and guidance of various ethical committees. Alternately, a switch over experiments in the field of molecular biology experiments and tissue engineering is another and promising option.

DEVELOPMENTAL PEDIATRIC SURGERY

Medicine is defined as the art of curing, preventing and alleviating the diseases. The antenatal diagnosis is still not very common in our country and only 10-20% anomalies are being diagnosed, that too mostly after 20 weeks of gestation, offering limited scope for termination even for the major defects. A care must be observed that antenatal screening procedure is not used for sex determination.

Organ transplantation remains a major challenge due to the lack of facilities, shortage of donors and the high maintenance cost involved. Laparoscopy is becoming quite common for common use even in pediatric practice. Again, a care is needed not to over expect from this approach and the long term complications must be kept in mind.

We also have infrastructure and the well developed expertise in the field of endoscopy, urology, oncology and neonatal surgery but again only in the limited centers. There is acute need to develop at least one major tertiary care level center, one in each state, with all modern facilities, space and staff. These centers should also have complete autonomy so that these could deliver advanced patient care, including the transplant programs, endoscopy training and the quality teaching and need based clinical and experimental research.

GOVERNMENT PERUSAL

I am happy to mention that keeping these issues in mind, during the year 2003-04, we have been pursuing rigorously with the Govt. and the other key functionaries to achieve the following objectives;

1. The pediatric surgeons should teach the selected topics pediatric Surgery during the undergraduate and the postgraduate period. The Medical Council of India and the Govt. of India officials were apprised of the existing lacuna, however, there is strong objection from the fellow general surgeons to our proposal. It seems this battle would now be won only with persistence, persuasion and patience.

2. Pediatric surgery needs to be made available not only in each of the 200 medical colleges but even at the district level as well, so that parents do not have to travel long distances. This would provide enough job opportunities for the trained and competent specialists in the field. However, the present priorities of the Government need to be changed drastically before expecting this to happen.

3. To develop regional/zonal centers of excellence with facilities for advanced patient care, teaching and research. This would help developing the specialty and pool the experience even on rare disorders. Sub-sections within the association can then be developed.

4. To look for the support from the Govt./NCOs or the insurance company for adequate treatment of babies born with congenital malformations and the ones developing malignancies.

All these issues have been taken up rigorously with the Medical Council of India, Ministry of Health, Planning Commission and even the Prime Minister’s office. Some progress was becoming visible but the general national elections were then declared and the Govt. also changed at the center. As was suggested by Prof Mrs S.S. Deshmukh, the state chapter Presidents and the secretaries should also pursue the matter and take up the important issues with their respective state Governments. I am sure the new incumbent would pursue these issues again with much more vigor and I wish him all success.

PROJECTING INDIA OVERSEAS

Our founder members have not only led the crusade to promote pediatric surgery in India but across the shores also. Prof R.K.Gandhi, Prof P.Upadhyaya, Prof M.S. Ramakrishnan, Prof Subir Chatterjee, Prof T.Dorairajan, Prof IC Pathak, Prof K.C.Sogani, Prof KK Varma, Prof M.Rohatgi, Prof V.K.Kapoor, Prof. AK Wakhlu and many others represented India at international platforms.

Indian Pediatric surgeons who are settled overseas, are also doing a commendable job. Names of Prem Puri, Leela Kapila, Azad Mathur, Kalidasan, and many others stand...
apart at international level. They have made India proud. It is a rare opportunity and honor that the international galaxy of the World Federation of Association of Pediatric Surgeons (WOFAPS), the European Association Pediatric Surgeons (EUPSA) South African Association, Swedish, Italian, Malaysian and the SAARC representatives are amongst us today to grace the occasion. Late Dr R. K. Gandhi served as the President of the world federation of the Association of Pediatric surgeons. The AIIMS had always been on the forefront in the field and Dr P. Upadhyaya served as the President and Secretary of the Asian Association of pediatric surgeons. The tradition continues. I have also represented India and have also been invited to most of the overseas prestigious meetings (BAPS, APSA, EUPSA, PAPS, AAPS, WOFAPS) CME programs, symposia and the Live operative workshops.

It is matter of great honor and pride for our country and the association that I have been invited as the President of the IAPS to conduct Live operative procedures/workshops in Italy, Sweden, Saudi Arabia, Poland, and Pakistan, enabling me to project the positive image of the country overseas. I strongly feel that more members of our association, especially from the teaching and apex centers should attend the overseas meetings and present their experiences to make the country proud.

BIRTH OF FAPSS (SAARC ASSOCIATION)

Dear colleagues and friends, you would agree that India and the neighboring SAARC nations share not only common socio-economic and cultural background, but also have the similar diseases pattern. Our Jabalpur meeting is unique. This would always be remembered for formally launching the long awaited SAARC association of pediatric surgeons. It is named as Federation of Association of Pediatric Surgeons from SAARC countries (FAPSS). A long cherished dream of this region has truly been fulfilled.

I personally thank Prof. Mehmood Shaukat from Lahore, Prof. Ranjan Dias from Srilanka, Dr Tahmina Banu, from Srilanka, Prof. Mukhopadhyay and Prof. Raina and all the other members of the Executive Committee of the IAPS for providing me full support to achieve that. It is now hoped that the members would regularly interact in various association meetings across the boarders, present their experiences and learn from each other on common and similar diseases in children in this region.

INTERACTION WITH PEDIATRICIANS

During my visits to various centers in India, I have noted that our pediatric surgeons are highly motivated, devoted, dedicated and diligent and they are providing commendable services, achieving remarkable success under minimal available infrastructure. I am of the firm belief that pediatric surgical specialty in our country needs pediatricians more than anybody else. We can not grow without their support and the referrals from them are essential. Only pediatricians and the pediatric surgeons can understand the language and the special need of the newborns and the infants, and manage their problems professionally. I feel very happy to note the rapport between these two specialties is developing well in medical colleges and in practice also.

Today Indian Academy of Pediatrics (IAP) is a very strong, organized and powerful body offering special care in urban and rural sector in India. An effort was recently made not only to start regular participation of the pediatricians in our annual and regional meetings but also to seek the help of the Indian Academy of Pediatrics (IAP) to get the IAPS its due share in the decision-making processes. I greatly appreciate the suggestion and the support that I received from Dr. Mrs S.S. Deshmukh, senior member of the IAPS from Mumbai. To have a happy beginning, we invited Dr. Uday Bodhankar, a representative and the past President of IAP in this meeting. I am quite hopeful that the participations between IAPS and IAP would become a regular phenomenon in future.

NEWER TECHNOLOGY

As you might be experiencing in your practice that due to internet facility, the parents are now quite aware and better informed of various diseases that their children might be suffering from. They expect the best care and the results. We have also to be extra aware, awake and sensitive to such growing needs. We should keep ourselves updated making best use of the advances that have taken place in the Medical information technology. There are various websites available for the members to participate and learn from the other. I wish to thank Dr. V. Ravikumar from Coimbatore for taking the initiative and launching the www.IAPSyahooigroups.com for informal discussions and exchanges amongst the IAPS members.

KYOTO DECLARATION

Friends, India is a signatory to the Kyoto declaration - protecting the interest of the children and providing them the best medical care around the world. It is unfortunate that the Govt. from a few countries with a recorded negative birth rate, have decided to close down the departments of pediatric surgery. It is reverse in India. In fact
pediatric surgical branches being developed in each general surgical discipline like orthopedic, urology, G.I.Surgery, E.N.T. eye and Neuro Surgery and threaten to our future in the specialty. It is the training background, knowledge of the overall understanding of the special needs of infants and children and the experience that is essential and because of these reasons the pediatricians would always prefer pediatric surgeons to general surgeons provided they are available, safe, confident and competent.

My dear colleagues, in your noble profession you have a unique opportunity to make the world a better place to live in and provide solace to the afflicted and cure to the diseased. Swami Vivekanand had said “the poor, the illiterate, the ignorant, the afflicted - let these be your God Know that service to these alone is the highest religion”. I would urge you to always remember these words of wisdom. You have to be a good doctor with the professional conduct being always in conformity with the Oath by Hippocrates. Above all, you have also to be a good human being wherever you are. Do your best to establish and maintain humane values. Use more of the clinical acumen and depend less on investigations. Cure them with care & compassion, and weave a web of life, which is full of happiness, peace and tranquility. How meaningful your life would be! How satisfied you would feel at the end of the day!!

In summary, Pediatric Surgery in India has come a long way in last 35 years. It certainly has taken shape, but we need to recognize that and we have to go a long way to establish ourselves, solve many problems, develop infrastructure and treatment methodologies suiting to the Indian needs. Each one of us has a responsibility to cooperate, contribute and communicate to project the high tradition of our association and the specialty at the national and the International forum.

I wish to thank the Guests and delegates specially the friends visiting from USA, England, Scotland, Spain, Sweden, Austria, Ireland, Italy, South Africa, Pakistan, Srilanka, Malysia and Bangladesh for accepting our invitation and join us for this meeting in a record number. I also thank Prof V.K.Raina & the Surgeons Club of Jabalpur, Prof B.R.Parekh, the President of the Madhya Pradesh (MP) state chapter of IAPS, for providing the IAPS an excellent scientific program and the local hospitality to be remembered for long.

Finally, I thank the members of the IAPS, its Executive Committee Members, and the Hon. Secretary-Dr B. Mukhopadhyay, for giving me the opportunity to serve you as the President. I am sure, the association will continue striving hard in achieving excellence to touch greater heights with Dr Raghupathy Ramkumar as the incoming new President.

It is not enough to begin. Continuance is necessary. The reason of failure in most cases is - lack of perseverance. It would be my great honor to remain associated with the IAPS and contribute in future as well, whatever I can in any of my personal capacities.

Wishing you all a very bright future.
Jai Hind

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