

## ADDRESS OF THE CHIEF GUEST

### Childcare is Indeed Heavenly Mission: Address at the 50th Annual Conference of the Indian Academy of Pediatrics, 17<sup>th</sup> January 2013, Kolkata

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*The pediatrician is the strongest advocate for the child.*

I am indeed happy to participate in the 50th Annual Conference of the Indian Academy of Pediatrics (PEDICON) 2013 at Kolkata. I understand about five thousand pediatricians from all over India are participating in this annual event. I am happy to note that the association has a membership of over twenty thousand doctors. Friends, on going through the IAP Action Plan 2013, I am happy to note that the IAP Mission Uday mainly focuses on reducing under five mortality rate in our country. Another very important project that interested me was the training of untrained child health paramedics. My greetings to all the members who are spearheading these projects. When I am in the midst of medical community, the topic for the discussion, I have selected is “**Child care is indeed heavenly mission.**”

#### **PEDIATRICIAN- A DOCTOR WITH KIND HEART**

Friends, I have a message for the all of you participating in the Annual Conference of IAP and also doctors who are not participating. Friends, name and money is associated in many fields of healthcare. I realize, Pediatricians are not always on top of the money making doctors. But throughout the world in medical circles these physicians, that is yourselves, are some of the most giving and caring individuals and I can say this from my experience. Pediatricians are those with largest heart ever-ready for selfless service. These doctor's tender loving care renders lifelong benefits. Good pediatric care is the most *return-on-investment* (ROI) in any country. I congratulate you and your profession.

Dear friends, when I see you all pediatricians assembled here, I would like to refer to a discussion I had with my friend Dr Jogi Pattisapu of UCF College of Medicine, Florida USA, a Pediatric Neurosurgeon. He suggested, pediatricians play a key role on three major aspects of a child's life knowingly or unknowingly. One is protection, second is prevention and third one is perfection. These three important roles are played by each

Pediatrician, either actively or passively. Naturally, the former with spirited involvement yields the best and long-lasting results. We have seen this in the west over decades of combined effort, now offering good rewards of lessened infant mortality, prevention of communicable disease and many laws safe-guarding our precious commodity that is the children.

#### **BE AT PEACE WITH YOURSELF**

Dear friends, I would like to share with you one important event which happened in the clinical experience of one of my neurosurgeon friend. I would like to narrate the incident. He is an experienced professional and reputed neurosurgeon in the world. He was treating a 2 years old baby who had a brain tumor in the most vital part of the brain (brain stem). He had removed over 90% of the lesion and thought the child should improve or at least remain stable. But child had serious issues, it appeared the tumor had caused other untreatable and permanent problems-spinal fluid circulation issues dominated his condition. After several unsuccessful surgeries, it seemed he was on a slippery slope. He simply could not enter the child's room and leave without crying. He felt weak, so unable to fulfill his duty for the first time and then he gave up.

His lowest (burnout) moments came, and he became depressed for days on end. People around him (especially his wife) noticed and felt quite concerned – some felt that he might quit forever. The doctor friend, has become increasingly quiet, withdrawn, and his movements were slowed down. He could not talk for five minutes without mentioning this hopeless situation during conversation.

Then a miracle happened. A letter came from the child's mother. The letter goes like this. “Dear Doctor, be at peace with yourself. My child, my loving child has been under your care for the past few weeks, and now he is your child too. But he is in God's hands, now and always. Yes, the tumor could be taken out, but the spinal fluid problem was sent to help you realize yourself. Surely you will see through the problem into the solution beyond.”

This support from the mother and the child's family gave the doctor great strength, and he decided to look for alternative methods of controlling the hydrocephalus situation. He and his team simply cannot control the fluid buildup properly, and their terribly risky surgeries only marginally manage the situation. It took almost 15 months to stabilize the hydrocephalus (after additional 8 to 9 surgical procedures) and all fell into place for this child. He finally recovered (mostly due to the family's wonderful love and care), and recently graduated from high school and now attending college – yes, he has residual deficits, but dreaming of big plans like any other youthful fellow.

**To teach the brain how to absorb its own fluid has been the way to be at peace with him** (Doctor).

According to me; for any illness, the temporary remedy is not a cure; we should see what the permanent cure is? It looks to me; research has to be directed towards both control and cure. Control of neurological disorders may be through populating quality neurons in the brain using nanoscience and technology, whereas cure has to be strengthened through innovation in research, possibly using nanoscience and technology and stem cell intervention along with psychological support by following an integrated approach.

#### CHARACTERISTICS OF THE INDIAN POPULATION

It is reported that Indians are genetically three times more vulnerable to heart attacks in wherever they are than Americans and Europeans.

*Rheumatic heart disease:* If you look at Rheumatic heart disease, which leads to heart valve destruction, is peculiar to the Indian community. This arises out of poverty and poor sociohygienic living conditions of our population, which result into rheumatic fever in young age, leading to one in every thousand child suffering from rheumatic heart ailments in later years.

*Congenital heart diseases:* In India, over hundred and fifty thousand children are born with congenital heart disease every year. Out of these 85% of them die before any treatment reaches them; approximately, 40% could be saved if timely diagnosis and proper pre-operative preparation of the child is done. Pre-operative preparation and the surgical intervention are time sensitive and vary with the time of detection of the ailment. Due to lack of timely detection and Medicare in not reaching the children leading to high rate of mortality. With the present estimates only one percent of the 1.5 lakh children are saved after proper medical intervention. I would suggest the child remedy for this situation lies in screening and detection of the child, right at the birth, so that the parents can be advised about the state of the child, when the child leaves

the hospital. I was told this type of screening is presently available only in big hospitals. I would recommend that it becomes a routine medical practice with all the hospitals in the country dealing with childbirth.

Now I would like to share about the contribution of a doctor who has dedicated his life for tribal healthcare.

#### REACHING THE UNREACHED

In the present circumstances and environment, it was inspiring to see, how a MBBS doctor has put all his dreams in mainstreaming the tribal citizens of Karnataka for the last 25 years through Vivekananda Girijana Kalyan Kendra (VGKK), at BR Hills. When I visited BR Hills in 1998 and subsequently in 2006, I could see substantial new developments in that area. I could see that “New Tribal Hospital”, roads and education environment and above all the earning capacity of the tribal citizens have been increased with the technology resource center as a base. Dr H Sudarshan is the inspiring architect of this societal transformation.

Dr. Sudarshan's father died in a village without any medical help when he was just twelve. This event followed by his reading the biography of Dr Albert Schweitzer who worked in Africa motivated Dr Sudarshan to take up medical profession and work in tribal areas in India. Dr Sudarshan derives his philosophy of work in tribal Swami Vivekananda's teaching which states “they alone live who live for others, rest are more dead than alive”.

Dr Sudarshan starts his day at 4.30 am in the morning with yoga, meditation and prayer with tribal school children. After his breakfast at 7.30 am, he attends to administrative work for an hour. From 9 to 1pm, he goes around the ward and sees the patients individually. He has lunch with the tribal students between 1 and 2pm in the afternoon. Later till 7 pm, he is busy in the clinic where he conducts minor surgeries and visits tribal complex. Later, he performs administrative work for an hour and half and has dinner with the tribal students. He devotes one hour for study between 9 to 10 pm, so that he gets updated information about medical systems. He spends large part of his time in clinical diagnosis, laboratory diagnosis and treatment, in addition to supervising, monitoring, teaching and carrying out research along with his team members.

Dr Sudarshan pays particular attention to the special problems of the tribals such as snake bite cases, mauling by bears, pneumonia, tuberculosis and acute respiratory infections. The Soliga tribal people suffer from sickle cell anemia and Dr Sudarshan has developed a low cost electrophoresis machine for diagnosing the disease. He has also built the healthcare system on the strengths of traditional knowledge available in the tribal areas. The

secret of his service is that he is empowering the people to manage their own health through the provision of knowledge. He has trained tribal girls as Auxiliary Nurse Midwife (ANM) and posted them in the tribal sub-centers. These nurses undergo 18 months course. Thus the rural area is self-sufficient in nursing resource. He has also developed low cost management system for epilepsy in the primary healthcare centre (PHC). He has introduced dental healthcare and cancer control in the PHC. He is providing quality healthcare to the people by the introduction of low premium health insurance for all the people living below poverty line. He suggests that medical colleges should teach their students to develop sensitivity to the suffering of the patients. They also need to modify the treatment approach for the poor who cannot afford costly treatment. The aim of the medical education should be to facilitate application of medical technology for providing best care to the poor at the most affordable cost. Dr Sudarshan says 'the greatest joy' he experienced was when he resuscitated a patient whose lungs and heart had stopped and when he sees the smile on the face of poor patients who come to the hospital with blindness (cataract in both eyes) and walk out with full vision after the cataract surgery. Country needs thousands of Dr. Sudarshans for providing healthcare to our rural citizens.

When we see the life of Dr Sudarshan who championed the course of "tribal healthcare", there are many other avoidable healthcare issues that come in front of us? How can we avoid totally malaria? How can we eliminate TB? How can we make IMR and MMR near zero? In India, we have to ensure that there is no occurrence of infection such as HIV/AIDS, Hepatitis B and C due to the re-use of syringe and the needle. Can we free future generations from occurrence of heart disease at an early age? Can we make artificial organs for giving quality of life to those who need them? Can we provide better quality of life to our senior citizens? How to educate people in preventive care? How to keep the environment clean? How to reduce the costs of medicines and make it affordable to the common man? How to ensure spurious drugs do not enter the market? As you see, if you have to find satisfactory answers to these questions, we have to address together many aspects like medical innovation, training technology, sanitation, nutrition, public awareness and ethics together. I am sure the Action Plan initiated by the IAP will look into all these areas.

#### MY VISUALIZATION OF GREAT HEALTHCARE CENTER

Dear friends, I visualize a great healthcare center/clinics with the following characteristics:

1. Patient is the most important person in the hospital. When the patient enters, the hospital presents an

angelic look and all the team members of the hospital always wear smiles. The patient feels that "I am going to get cured."

2. The hospital consumes less electricity and less water by adopting green building for all modernization tasks. The choice of the power source is solar and wind.
3. The hospital premises are totally noise free.
4. All the test reports and treatment schedule get attached to data base of the patient through electronic medical record without the need of the patient or the relatives to search for the reports. The data-base is updated and authenticated every hour.
5. Maintains the database of all the cases treated by the hospital in the past which are easily retrievable.
6. Patient is not subjected to diagnostic pain.
7. The surroundings of the hospital is green with full of trees with seasonal flowers.
8. Further expansion of the hospital is in vertical mode leading to fast movement of the patient and doctors for medical treatment.
9. There is no case of hospital induced infection to the patients due to bio-contamination.
10. The patients feel that this is the best place to get treated.
11. The hospital is fully IT-enabled leading to virtual connectivity of the patient to the doctor, nurse and the chief of the hospital 24 × 7. Hospital is also networked with other hospitals nationally and internationally for seeking expert medical advice on unique cases.
12. The daily medical conference, attended by the chief of the hospital, doctors, nurses, paramedics, and relatives of patients of unique cases, reviews problems of the patient and find intergraded solutions.

#### LITTLE HEART FOUNDATION OF CARE HOSPITALS

Now, I would like mention about a doctor who has initiated innovative schemes to channelize the good-will of people to help poor patients getting expensive medical treatment. Dr Soma Raju is one of the founding members of society for biomedical technology (SBMT), an inter-ministerial initiative of the government of India to develop affordable medical devices and technology. He has been instrumental in shaping the development of cardiology and cardiac surgery in Andhra Pradesh in the private sector. Dr Soma Raju founded CARE Hospital and setup a bench mark in providing affordable cardiac interventions and cardiac

surgery. In one such scheme namely Little Heart Project, free corrective surgery were performed on 1080 children born with congenital heart defects. The unrelenting work of Dr. Soma Raju has won him many accolades and awards. He is currently Chairmen and Managing Director, CARE Group of Hospitals, Hyderabad having 2000 beds at 12 centers. As per Dr. Soma Raju, the driving force behind his continuous contribution to treatment of patients, medical education and institution building is the inner voice which keeps on calling him to remove the disease and the pain of the people.

#### “CAN SERVE CHILDREN” PROJECT

Recently I participated in a programme “Can Serve Children” Project” organized by the Devika Institute of Oncology, Madurai. CAN-SERVE project at Madurai in association with the District administration is aiming at providing linear accelerator treatment free of cost to all children belonging to economically weaker sections of the society suffering from cancer. Certainly this initiative will enable early detection and cure of children from cancer in the region. The IAP can interact with this Devika Institute on Oncology and other such institutions to spread such types of missions for children.

#### CONCLUSION: SIX VIRTUES MEDICARE GIVER (PEDIATRICIANS) MUST POSSESS

Friends, in conclusion, I would like to share my experience with Choakyi Nyima Rinpoche, the Chief Monk in Kathmandu and a medical researcher. After nearly a kilometer of walk, I reached the white kumbha where the chief monk and his disciples were waiting to receive me. After reception the Chief monk said, let us go to our study room and I followed him. He climbed the first floor, the second floor, the third floor, the fourth floor, and the fifth floor, just like a young boy. Probably the life style has a positive impact on the mind and body. All along I was following and following. When I reached his chamber, I saw a laboratory and a spiritual environment overlooking the Himalayas. What surprised me was, his research students come from different parts of the world. Particularly he introduced me to his co-author David R Shlim, MD who is working on a research area, Medicine and Compassion. The chief Monk Choakyi Nyima Rinapoche and myself exchanged few books. The Monk has written with Dr. David R. Shlim a book titled “Medicine and Compassion”. I liked this book and read it during my journey from Kathmandu to Delhi. This book gives six important virtues which a medical practitioner has to possess towards their patients.

First virtue is generosity; the second virtue is pure

ethics; third is tolerance; fourth is perseverance; fifth is cultivating pure concentration; and the sixth virtue is to be intelligent. These virtues will empower the care givers with a human heart. I am sure, doctors assembled here will have these six virtues that will reinforce confidence of the citizens in the healthcare system.

Friends, we need good hearts to treat the ailing, we need helping hands to remove the pain, and we need beautiful minds to give happiness to the patients.

There was a meeting of cured patients, their doctors and a few social workers in a hospital. One important point emerged during the interaction was, that the relationship between the patient, doctor, nurses and paramedics extends to patients’ family. This in turn transmits effective messages from one family to another family on advice to prevent disease, necessity of periodic checks, the dietary habits and the need for life style changes including exercise for good health. Actually, I believe this good contact between the doctor, nurses, paramedics and patients is very valuable. I request every one of you to become a teacher for the families of patients.

With these words I inaugurate the 50th Annual Conference of Indian Academy of Pediatrics (PEDICON 2013) and I wish success to all the members of IAP in their mission of providing quality healthcare to the children at affordable cost.

#### May God Bless you.

##### *Oath for medical professionals*

1. I love my medical profession- particularly child health a noble mission.
2. I will play the role in preventing contagious disease among children by education and proper immunization.
3. As a doctor for child health, I will be a good role model always striving to be best and allowing the child to imitate.
4. I will follow the motto “Let my care, Remove the pain and bring smiles”.
5. I will always radiate cheer to give confidence to patients and their families.
6. I will be a lifelong learner, I will practice what I learn and I will train my team to be competent.
7. I will deliver quality care with high standards irrespective of whom I am treating.
8. I will not introduce any diagnostic pain.
9. I will work with integrity and succeed with integrity.