

## *Presidential Address*

### **XXXIII NATIONAL CONFERENCE OF THE INDIAN ACADEMY OF PEDIATRICS JANUARY 4,1996, MANGALORE**

**R.N. Srivastava**

Dr. Hegde the Chief guest, dignitaries on the dias, the past Presidents, Fellows and Members of the Academy, guest speakers and delegates from foreign countries, ladies and gentlemen.

It is a privilege and an honor for me to be the President of the Indian Academy of Pediatrics. We are now a fraternity of over 8,000 from all parts of the country and make a sizeable force. Our combined efforts can achieve a great deal for the children of our country.

The Academy has had an impressive record. We have played a vital role in the provision of quality curative services, especially the establishment of tertiary facilities, care of the newborn, promotion of breastfeeding, immunizations, oral rehydration therapy and in many other fields such as continuing medical education and research. These have led to improved child survival, and in most parts of the country there has been a sharp decline in neonatal and infant mortality, and in the incidence of vaccine preventable diseases. Our efforts in those areas will continue, and indeed that may be our chief responsibility. However, the Academy must devote more

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time and efforts to tackle various other serious problems of children that affect the quality and the dignity of the child's life and prevent his optimal development.

#### **Comprehensive Child Care**

The Academy has adopted "Comprehensive Child Care" as its motto. We need to be concerned with all aspects of the child's health and development, and not merely with the sick child and prevention of disease. Comprehensive Child Care entails, in addition, various aspects of child development, education, environmental aspects and prevention of child abuse and exploitation. Adverse socio-economic factors, lack of education and overall awareness, large family size and poor rural development are the chief factors that lead to the poor quality of life for a majority of our children. In view of the large child population, the problems of underprivileged and handicapped children using the term in a wide sense-and child abuse and exploitation in various forms have assumed gigantic proportions.

There are many other developing countries which face similar problems of children. The 21st International Congress of Pediatrics was held at Cairo in September 95. In her Inauguration address, Mrs. Hosni Mobarak (wife of the President of Egypt) said, and I quote "increased survival with a low quality of life is not a desirable option". Talking about Comprehensive Child Care, she emphasized the educational, social and cultural aspects, besides the health needs, and called for an integrated approach taking into account all of these components.

In our country, Child Labor has recently emerged as a major issue, partly because of its economic and trade implications. The media have highlighted the plight of working children. One can only imagine what it feels to look at life through the eyes of a child who is hungry, deprived and abused. The Government is determined to eradicate child labor, and the Academy must add its might to all efforts being made by the Government and other agencies in that direction. I repeat, mere survival is not enough, and we must go beyond saving lives. We keep on saying "children are our future", but what is the future of our children? Whereas the society must rise against many injustices and evil practices, the Academy must be the advocate for children and act on their behalf.

### **Pediatric Education**

I will briefly talk about Pediatric Education. Most of us know about the earlier struggle to establish Pediatrics as a separate discipline. Pediatrics is now an independent subject in the MBBS program. The Academy has clearly spelled out the objectives and contents of the undergraduate pediatric training, emphasizing important areas such as care of the newborn, feeding and nutrition, growth and development, preventive pediatrics and management of common childhood diseases. It must be appreciated that the doctor with the MBBS degree is a key person in the health care delivery system, fully competent to carry out defined tasks. MBBS is not a "feeder degree", to quote our late Prime Minister, Mrs. Indira Gandhi. The MBBS doctor is a complete physician and deserves as much respect as the specialist.

We also need to have a critical appraisal of our MD Pediatrics training. At present, out of the 3-year-program one is used up by the requirement of submitting a thesis

based on original research work done by the candidate. In a majority of cases the quality of the work is poor and does not make a significant contribution. I firmly believe that the aim of the MD training should be to make a competent clinician who will be an expert in all aspects of Pediatrics, capable of carrying out primary and secondary level care. For training as a teacher, researcher and a sub specialist, carefully selected candidates should take further 3-year training at identified centers, under proper guidance. The present wide disparity in the standard of MD training at different medical schools probably reflects their varying facilities and educational inputs. Many of these are adequate for providing good clinical learning experience but quite insufficient for research work.

There also is considerable variation in the standards of the final MD examinations, which mostly have been conducted in the same old fashioned way. Ideally the MD examination should be conducted by a Central Examining Board. Individual Centers should only certify that a candidate has satisfactorily completed the training program and has acquired the necessary data base, clinical skills and all round competence. There have been notable advances in medical education and examination technology and it is most important that all medical teachers take training courses in these subjects so that they can adequately guide their students. Similarly, they should undergo appropriate training in research methodology.

### **IAP Sub speciality Chapters**

There can be little doubt that tertiary care and quality research is only possible through acquisition of expertise in various pediatric sub specialties. The Academy has now well established chapters in almost all

areas of Pediatrics. Unfortunately, the number of Pediatric Speciality Divisions at various medical schools remains very small, as also the number of Pediatric sub specialists with formal training.

I have always pleaded that all departments of Pediatrics with perhaps more than 6 faculty members should develop speciality divisions, starting with major areas such as neonatology, gastroenterology, hematology-oncology, nephrology, pulmonology, and endocrinology-auxology. Pediatric faculty should seek the help of their colleagues in Internal Medicine for local support. The Academy sub speciality chapters will provide all assistance and arrange for appropriate training of the staff. I emphasize that large departments of Pediatrics, especially upgraded departments and regional Institutes of Child Health have no justification for not developing speciality divisions.

### **IAP and Research**

Promotion and support of research is one of the chief objects of the Academy. The Academy has a Research Foundation with a modest financial corpus. We have several training fellowships. With the guidance of its Research Advisory Committee, the Academy will offer some financial help to its members who put up important research projects.

We will conduct more training courses and workshops in Research Methodology and support all research related activity. We need considerable financial inputs for that purpose and shall seek help from every possible source.

### **IAP Organizational Network**

The Academy has branches in all large states and major cities. There also are a good number of district branches. Our aim is to have a branch in every district so that the action plans of the Academy can be implemented in every part of the country. It is the responsibility of the State branches to see that IAP branches are formed in their districts and to give them the necessary support. The Central Body in turn will help the State Chapters.

Ladies and gentlemen, a majority of the children in our country, as in many other developing countries, face ill health and disease. Many are subjected to deprivation, neglect and exploitation. In this scenario, the Academy must play a wide role. It must speak and act. The problems are enormous, complex and almost intractable. I believe that for every serious and refractory problem there is a simple solution, which is always wrong! We need to find appropriate ways to deal with each issue. I have alluded to the burgeoning population. Drastic maladies need drastic remedies. No child should come into this world as a bye product or as a side effect. But once he is here he deserves our best.

I conclude with a quote from the Declaration at the World Summit for Children held at New York in September 1990, "Children of the world are innocent, vulnerable, and dependent. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and co-operation."

