

PRESIDENTIAL ADDRESS

Dr. Jayakar Thomas

Greetings to all of you. At the outset I thank the honourable members of the IADVL for giving me an opportunity to serve you in the capacity of National President for the period 1998-99. This is a glorious moment in my life.

I am aware of the task ahead of me, in having to set a National Agenda in a definitive and strong way. I do not wish to put myself on the defensive unnecessarily by creating an impression that we have not been able to set an agenda and that there is no individual space for my role as President. The main point is that an agenda does not mean sitting and theorising. It is very easy for one to keep writing on what the agenda should be. We must first appreciate the essential needs and compulsions of the moment. Some of these dimensions are known to me, while to some dimensions I am a stranger. I am being frank and candid. After all, in our country in half an hour's hop you are in a particular situation and in another half an hour's hop you are in, totally different scenario. All these have to be considered when the agenda is set. The general agenda is to make sure that I do not lose on my moral responsibility to the IADVL. It is important that we display the power of the IADVL in the International arena, for I always know that parallel review goes on at different levels. However any decisions taken are only based

on consensus-seeking and democratic norms.

With the time allotted to me, it is impossible for me to go through the entire list of plans for this year. But I shall mention a few important ones.

Today's market is being flooded with therapeutic molecules and OTC Health Care products. But there are a few products that are in between these-that which can be called quasi-technical or quasi-medical. It is proposed that manufacturers of these items, like moisturisers, hair-tonics, skin vitalisers and their likes could approach the IADVL for approval or endorsement. These products do not come under the purview of the Drugs Controller of India and therefore the IADVL should be the authority to certify the usefulness or otherwise of these products. This will raise the esteem of the IADVL, the quality of such products and the confidence of the consumer.

Another matter of great importance is the development of sub-specialities like Dermatopathology, Dermatosurgery, Paediatric Dermatology, etc. The formation of academies, societies, associations and clubs for these sub-specialities are welcome. It is a sign of further specification. After all, specification is knowing more and more of less and less. But what I request the persons who are the founders and who are at the helm of affairs of these sub-specialities to kindly be affiliated to the IADVL.

Speech delivered by Dr. Jayakar Thomas, National President, IADVL, at the 26th National Conference at Chandigarh on 30th January 1998.

For example we may call it "The Indian Society of Paediatric Dermatology (A unit of the IADVL) " That will certainly be in the positive direction of mutual interests. However let us not have more than one group for the same sub-speciality.

One more matter that I wish to address is the doctor-patient relationship. This is not only for our honourable members, but actually more so for the non-medical personnel present here today. I agree that what medical practice in India lacks is transparency about plans and actions and positive and healthy attitude towards second opinion, building up of a doctor-patient rapport by frequent explanations about treatment strategies, offering available options by discussing pros and cons in the event of difficult cases. However as the consumer movement picks up momentum, and medical insurance comes in, the attitudes must change because the need for accountability and justification for every action of the medical practitioner will increase. An important point overlooked by the critics of the medical profession is that treatment is not a magic. Very often patients come with unrealistic expectation. They very often get disappointment and dismiss the doctor as incompetent. Every disease needs realistic acceptance by the patients and the relatives, and adjustment of lifestyle, diet and habits and a positive attitude. I am not justifying or denying the presence of callousness and negligence in the medical fraternity. The medical profession does have its own share of pitfalls, as any other profession in society and it definitely needs to be cleared up. But one should avoid making

unscientific judgement on inadequate evidence and information, while discussing this matter. The onus is not ways on the doctors. Pharmaceutical and Biomedical companies must look into the matter. No doubt, investigations and therapy are expensive, due to high production and material cost. As competition set in and with newer inventions, the costs must eventually come down. Very often, the skeptical attitude, mistrust and attempts of dictation and interfering in the treatment, result in multiple change of doctors, erratic treatment and ultimately, a bad deal for the patient. One should stop considering doctors more than life size, imposing virtues on them. They should rather be considered as friends who with their expertise are trying to help the patients fight their illness. This is the only way it will work with the present infrastructure in India.

Let me close with disclosing that the aim of the IADVL is to serve the humanity and profession with grace and dignity and to promote medicare and education, and protect ethics and honour.

This I promise to practice not because I am the President but as a member of the IADVL. Presidentship is not the ultimate in one's career. I want to make it clear that striving and working for the IADVL is dearer to me than leading the association. The complexion of tenure of Presidentship does not mean the end of the road. As a matter of fact, it is the entrance to a new avenue of service.

Thanking you,

Long Live IADVL.
