

## Dr C M Gulhati

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Chandra Mohan Gulhati was born on October 18, 1940, at Karor, District Dera Ismail Khan, in the Punjab (now in Pakistan). His family migrated to Indore during Partition and his early schooling was in Indore, Madhya Pradesh. He completed his MBBS from MGM Medical College, Indore, and was later awarded a post-graduate diploma from the London School of Hygiene and Tropical Medicine, and a Master of Science (in Internal Medicine) in examinations conducted by the Royal College of Physicians, UK.

As a student, Dr Gulhati was a leader in several university youth fora and took on leadership roles. Some of these included: President of the Inter-College Student Union, Vikram University, Ujjain; Vice President for International Affairs, National Students' Union of India; Chairman, National Student Press Council of India (an association of campus newspapers), delegate from India at the International Student Press Conference, Hamburg, Germany; and Director of the Asian Press Bureau at the International Students' Council, Leiden, Netherlands.

By then, he had also confirmed what would be his future vocation as editor: with the *Journal of MGM Medical College*, Indore, for four years; then *Vidyarthi Jagat* (Student World in Hindi), Indore, and *Student Chronicle*, New Delhi.

During his work with the Brussels-based International Institute for Medical Education, Dr Gulhati used to visit India frequently and found that, by and large, doctors in clinical practice were dependent on biased data supplied by drug companies; there was no independent source of information on medicines. While working and studying in the UK, Dr Gulhati would use the British *Monthly Index of Medical Specialties (MIMS)* and he realized a similar journal was badly needed in India. Explaining his decision to help start the Indian MIMS rather than carry on clinical practice, he says, "Doing clinical work would have restricted me to a few individual patients, while editing a journal with wide circulation (currently over 4,70,000, circulation by rotation) would do more service to millions of patients all over India by providing accurate information on various therapies."

Dr Gulhati has been Editor, *Monthly Index of Medical Specialties (MIMS)*, India, since 1980. His major interests over the years have been, and continue to be, clinical trials, marketing of medicines in India, drug pricing, medical ethics and drug laws in India. Among his many recent formal public commitments have been those of Member of the Advisory Expert Panel set up by the Minister of Health and Family Welfare on dealing with the H1N1 pandemic as it affected India; and Member of the Working Group on Spurious and Sub-standard Drugs set up by the Principal Scientific Adviser to the Prime Minister. He is also the drug expert on the popular Doctor NDTV website and related TV programmes.

Some, not all, of what Dr Gulhati says is what many drug activists have been saying for the last 30 years - but he says

it better: crisply, pithily, without confusing citizen, patient, end user of the medical system, reader or policy maker. And he unfailingly brings in fresh information and fresh insight. The result: when Dr Gulhati speaks or writes, most concerned people pay attention.

Over the years, Dr Gulhati has spoken and written on a range of subjects, including the Bhopal tragedy, the HPV vaccine, irrational fixed dose combinations, the regulatory mess in India, overpricing of medicines, the tremendous brand-generic confusion, and ethical problems in clinical trials. He has described the last as "drug colonialism" in an oft-quoted paper in *NEJM* (with Samiran Nundy).

Many of his writings have a way of permeating the opinion space in India. One such is "Marketing of medicines in India: informing, influencing, or inducing?" an editorial in the *British Medical Journal* in April 2004. Another is the widely circulated and reprinted "Drug price control: principles, problems and prospects." His exposés of medical misdemeanours have become classics. For instance, the logical, statistical and moral absurdity of the Indian Medical Association's "opinion poll" certifying the usefulness of nimesulide, or the extraordinary inanity of the concept of "Key Opinion Leaders" used by pharmaceutical companies. These lucid essays rip off the mask of pretence -- they are the emperor-has-no-clothes variety of critique. They are humorous and absurd in themselves, but tragic because they talk about issues affecting the lives of many ordinary Indians who wholeheartedly and innocently have placed their trust and faith in their doctors.

Month after month, issues of *MIMS India* carry an editorial, marked by Dr Gulhati's ethical clarity and an enviable ability to get to the core of the issue at hand, that will tell you something new about the world of medicines which you should have seen, but did not see; a clearly written review of treatment and management of a disease class; then a series of very useful and relevant "red alerts" on drugs used and misused, a table called "Drug prices: wide apart," with a partial list of drugs violating the Drug Price Control Order; a list of drugs discarded elsewhere but not banned in India; a partial list of irrational combinations, and a very useful series of boxes on evidence-based medicine scattered throughout the journal on various disease classes, with easy to read charts on comparative effects of various treatments with a series of "Facts on Finger Tips" - the latter his counter to the misinformation purveyed by pharmaceutical companies.

Dr Gulhati is a doctor true to his Hippocratic Oath. He is also an example of what a true public intellectual should be - speaking truth to the powerful and speaking truth regardless. One should add: evidence-based truth in a milieu where evidence has mostly been given the go-by, by medical practitioners, professional medical associations, and the government.

In personal conversation, Dr Gulhati has the panache of a Sherlock Holmes and a Hercule Poirot - one often wishes our CBI had the same qualities - unraveling the wrong doings of drug companies, research groups and policy makers with ease. Some of us asked him how he developed these qualities. In a nostalgic throwback to his childhood, he said he was a talkative kid till his dear grandmother pointedly asked him: "How many tongues do you have?" He said he had one. "How many ears do you have?" The grandson said "two". "Beta ('son'in Hindi)," his grandmother told him, "God gave us two ears and one tongue

because he wants us to hear more and speak less."

Dr Gulhati hears and listens to a lot and speaks, when he does, on ethical issues in medicines, with unmatched clarity.

On the occasion of the Third National Bioethics Conference of the *Indian Journal of Medical Ethics*, we are privileged to honour Dr Chandra Mohan Gulhati for his work in the promotion of ethics in medicine in India.

**S Srinivasan**

## Dr Sunil Krishnalal Pandya

On the occasion of the Third National Bioethics Conference of the *Indian Journal of Medical Ethics*, the editors of the journal and the coordinators and collaborators of the conference are

privileged to honour Dr Sunil Krishnalal Pandya for his contribution to ethical medical practice, for increasing the public's awareness of bioethics, and for his untiring advocacy to bring ethics to the centre stage of health care and into the conduct of health professionals.

Born in 1940, Sunil Krishnalal Pandya studied medicine at the Grant Medical College and the Sir J J Group of Hospitals in Mumbai. After obtaining his postgraduate degree in general surgery in 1965, he trained in neurosurgery under Dr Gajendra Sinh. He completed his further studies under Prof Valentine Logue at the Institute of Neurology, Queen's Square, London. In 1975, he joined the Department of Neurosurgery at Seth G S Medical College and KEM Hospital in Mumbai. After 23 years of service at this public hospital and prestigious medical college, he retired in 1998 as Professor and Head, Department of Neurosurgery. Since then he has worked as a neurosurgeon at the Jaslok Hospital and Research Centre in Mumbai.

His contribution to the discipline of neurosurgery, through his research and writings in leading national and international medical journals, testifies to his status as a leading neurosurgeon as well as an exceptional contributor to the further development of the discipline. But he is taller than other great clinicians and scientists because of three additional virtues in his character, and his contribution flowing from these virtues is no less than his contribution to neurosurgery:

First and foremost is his commitment to ethical medical practice. He does not like to preach what he does not practise. He believes that students are intelligent, and that they soon see through our pious verbal outpourings if we talk about ethics but do not put these principles into practice. Many health activists have struggled to impress upon doctors that they must communicate with their patients, and also give them access to their medical records. Dr Pandya began by making the time to talk to his patient at length - drawing diagrams on blackboards

and on paper if needed. He always made a carbon copy of the patient's medical record and handed this over at the end of the consultation; this was not an easy task in the busy public hospital where he served. He continues the same practice even today at the private trust hospital where he works.

The second characteristic that sets him apart from his colleagues is his constant effort to look beyond the narrow discipline of clinical medicine to the fields of medical history and bioethics. This interest led him to document the history of his alma mater, the Grant Medical College, to trace the development of hospitals and medical services in Mumbai, to write the history of medical ethics from ancient times to today in India, and so on.

The third characteristic that has earned him accolades as well as disapproval from the medical profession is that he says what he considers is right; he is never afraid of how he will be received or perceived by the audience. He always uses simple language and comes to the point quickly. His comments on trends in the medical profession and services, in medical journals, in the *IJME* and in lay publications, have provided sensitive medical professionals food for thought, and pushed them to do something to change the situation. He tried to keep away from the limelight and refused to give priority to activism over being a role model in his practice. But on the urging of friends he did come forward to fight the Maharashtra Medical Council elections in the year 1992 on the platform of the Forum for Medical Ethics. This was a turning point for the process of reforms in the elections to the medical council in Maharashtra. It also eventually led to the birth of a journal that is now the *Indian Journal of Medical Ethics*. He has continued to write with exceptional candour on the Medical Council of India; this includes a long piece indicting Dr Ketan Desai, at a time he was a revered and feared personality in the profession, and long before his arrest and the dissolution of the Council.

Over and above everything that he has done as a person, a medical professional and a reformer of medical practice and services, Dr Pandya's contribution has been in laying the foundation of a medical ethics journal. From 1991 to 1998,