

OBITUARY

Dr Ranjit Roy Chaudhury (1930–2015)

Dr Ranjit Roy Chaudhury passed away on October 27, 2015 at the age of 85, literally with his boots on. He breathed his last after having just arrived in Chennai to deliver a speech on pharmacovigilance at a local medical college hospital.

The several awards he received during his long and active life included the Vishisht Bihari Samman in 2012, an award that came just in time to honour and reclaim the distinguished son of Bihar. For it was in Patna's (then) Prince of Wales Medical College that Dr Roy Chaudhury took his first degree (medicine in 1954), before going on to Oxford on a Rhodes scholarship for his D Phil degree. Decades later, in an interview to NDTV, he was to say, "The person I admire *the* most is Professor EP Abraham, who was my tutor at Oxford. He was a member of the team which discovered 'penicillin' at Oxford and then went on to discover cephalosporin. He remained a simple, unassuming person till the end and donated all the earnings from cephalosporins and his own house to the University of Oxford." (1).

On his return to India, Dr Roy Chaudhury was associated with the All India Institute of Medical Sciences (AIIMS), New Delhi; with the Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, where he became the head of the Department of Pharmacology at the age of 34 years and together with his colleagues, set up India's/Asia's first DM course in clinical pharmacology in 1978; with the ICMR, where he helped in the clinical evaluation of medicinal plants; with the National Institute of Immunology (NII), New Delhi where he was Emeritus Scientist since 1991; and with the Government of India as part of several committees over the past four decades. He was a member of the committees that drafted the ICMR's ethical guidelines for research on humans in 1980, and again, in 1994. The 1980s saw him holding a series of responsibilities and carrying out several assignments on deputation with the WHO, including in Geneva, Burma and Thailand.

He published regularly: he had 275 publications in national and international journals, and authored 25 textbooks on medical education. The last book I know of was titled *The healing powers of herbs* (Sterling; 2007, reprint 2011) dedicated to his better half.



The first time I met him was around 1980 in PGI in Chandigarh, where he was Dean and Professor of Pharmacology. I had gone for some work to PGI and the director of the organisation I was working for in Delhi, an American Chinese Jesuit, had insisted that I meet his most brilliant student, whom he had taught in St Xavier's School in Class 8. (Subsequently, when I narrated this to Dr Roy Chaudhury, he said the Jesuit priest had taught him in Class 1!). When I finally met Dr Roy Chaudhury at PGI, he was the Herr Professor in full bloom. He gave the impression that he would suffer no fools and would not tolerate even the most negligible non sequiturs in articulation. My host, a senior professional in his own right, got a severe dressing down in my presence as I had dragged him in, leaving me red-faced. In the light of this incident, I tried my best to avoid Dr Roy Chaudhury in later years – to my loss, as it turned out – despite the fact that several friends spoke of what a wonderful person he was and how he was not your typical lofty, high-handed medical college don.

My next exposure to Dr Roy Chaudhury was around 1993, when I read a WHO monograph, *Herbal medicine for human health* (SEARO, No. 20, 1991), authored by him. It was a short 94-page monograph that laid out the canvas of issues and challenges involved in making the wealth of traditional medicinal plants available in regular clinical practice. The passion for making traditional knowledge available was to return and this issue became a recurring theme in the next 20 years of his life.

Dr Roy Chaudhury was a good committee man and a good chair, who knew how to wring out something that could be implemented even when it came to difficult issues. Inevitably, therefore, he was a member or chair of government committees the key words of which were medical teaching, pharmacology, toxicology, medicinal plants, rational use of medicine, etc. A former health secretary who was a schoolmate of mine confirmed in an informal chat on some contentious issue that if Dr Roy Chaudhury was the chair, "Don't worry, he will find a way out."

Almost the last of the committees that he chaired came out with the Report to Formulate Policy and Guidelines for

Approval of New Drugs, Clinical Trials and Banning of Drugs (July 2013). The report covered a wide range of issues, but received a mixed reception from various stakeholders. I, too, disagreed on certain points. I wrote about these in the *Hindu Business Line* and much to my chagrin, the business paper provocatively titled my piece "A muddled view of clinical trials." (2).

Muddled it was not, at least for the most part. It was an understandable compromise, but nevertheless a statement of intent. Dr Roy Chaudhury was clear that notwithstanding the 2500-plus deaths in clinical trials in recent years, deaths and serious adverse events (SAEs) could be minimised, despite problems in establishing causal links between the clinical trials, SAEs and deaths. The report did not worry about trials of new chemical entities (NCEs) originating abroad. It endorsed the Schedule Y amendment of 2005 allowing concomitant phase 2 and 3 trials of NCEs. According to some of us at least, the removal in 2005 of the phase lag in clinical trials was the major cause of the more than 2500 deaths in the post-2005 clinical trials of NCEs discovered abroad. The report also recommended accreditation of clinical investigators, ethics committees in institutes and research institutes for carrying out clinical trials. It endorsed audiovisual recording of the informed consent process, recommended bridging phase 3 trials and bio equivalence studies for first-time generics and made many remarks on compensation for SAEs and deaths related to clinical trials.

Soon afterwards, the government introduced desultory, assorted measures to regulate clinical trials, often tagged with the phrase "as recommended by the Ranjit Roy Chaudhury Report." However, various industry lobbies and a few well-meaning civil society organisations have wrongly considered these measures to be responsible for the decrease in clinical trials and the inflow of new useful drugs into the country.

Dr Roy Chaudhury was justifiably proud when in January 2015, he narrated to me how he and his fellow Governing Board members (of 2010-13) at the Medical Council of India (MCI) had almost made history of the "whole scandal of borrowed faculty, fake patients, floating libraries and borrowed equipment which had made our assessment [of new medical colleges] a farce" (3). This was when the Government of India made an attempt to clean up the mess in the MCI. This scandal in medical education, which continues today, would indeed have been history if he and his colleagues had been allowed to continue for another couple of years.

Twenty years earlier, in the mid-1990s, this kind of let-us-do-what-we-can spirit had resulted in the establishment by Dr Roy Chaudhury and younger colleagues of the Delhi Society

for Promotion of Rational Use of Drugs (DSPRUD). The DSPRUD was the first body with full-time medical college professors, in contrast to civil society activists, and it took the lead in actively promoting the rational use of medicines through advocacy, training and consultation to state governments (4). About the same time, Dr Roy Chaudhury's association with the then Health Minister of the Delhi state government, Dr Harsh Vardhan, resulted in the announcement of the state government's drug policy (1994). This included, among other things, a pooled procurement system for efficient and cost-effective procurement of medicines. It also covered several other ingredients of a comprehensive, rational drug policy (5,6, 7). For a long time, the Delhi government experiment, now in need of resuscitation, was cited, together with a similar effort of the Tamil Nadu government, as a model for pooled procurement of medicines.

"A good doctor," Dr Roy Chaudhury said in the NDTV interview (1) "has to be good and up-to-date in his professional work. Therefore, he should be a competent doctor. The second most important attribute is compassion. You cannot be a good doctor without compassion." He had both qualities.

Dr Roy Chaudhury is survived by his life companion, Dr Mandakini Roy Chaudhury, three sons, and his devoted and beloved dog, Wolfie.

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