EDITORIAL

Physician Participation in Research - Issues and Approaches

In recent years, a paradigm shift has been noticed from eminence based to evidence based practice in medicine. Research is the cornerstone of evidence based medical practice, which translates new knowledge and technological capability into powerful tools for prevention and treatment of cancer. Governing Council of RGCI&RC has opined that research should be in DNA of clinicians of such a premier cancer institute. Research should become an integral part of all clinical activities.

Questions have been raised by clinicians, “why bother developing research in a clinically oriented hospital devoted to patient care, we are clinically oriented and do not have the expertise or know how in doing meaningful research; we do not have the time; what difference does it make anyway and finally, I am overworked and unless I have more staff I am unable to do research”. Clinicians even quoted a journal “most of research is fraud”.

The common perception of research is doing some experimental work in a laboratory. A more appropriate definition of research is careful investigation into some subject-hypothesis or an area of study with the aim of discovery and applying new facts or information, in short, acquiring new knowledge which eventually leads to better patient care. For example, why gall bladder cancer is more common along gangetic belt? Why is obesity becoming so prevalent particularly in some ethnic groups? Why some of stage I cancer patients succumb to their illness in short time and stage IV patients can go on for long. These are all areas of great interest awaiting clinician’s research posing the question and then studying the problem in a systematic organized manner, with the ultimate goal of improving patient care.

Who could be a clinician researcher? - The key element needed is a person who is curious, not afraid to ask questions, to “think outside the box” and willing to take chances. In 1929 - Werner Forssmann 25 years old intern in Germany had been deeply impressed by a sketch in his physiology textbook that showed French Physiologist standing in front of a horse, holding a thin tube that had been put into the jugular vein in the animal’s neck and then guided into one of the heart chambers. He could not understand why this simple technique, had not already been tried on humans. Forssmann requested permission from his boss Dr. Richard Schneider to try this procedure on a terminally ill patient. It was flatly refused and Schneider forbade Forssmann to do the experiment at all on any person, including himself. Forssmann decided to do the experiment anyway- in secret. With the help of a nurse Gerda Ditzen, Forssmann successfully passed a ureteral tube through a large antecubital vein into his right atrium and confirmed this historical success with a chest x ray. Thus began the era of intravascular catheterization - a procedure now taken for granted.

As a student we were taught that acid in stomach is the cause of stomach ulcers. We used to give milk via nasogastric tubes for hospitalized patients with stomach ulcers, the rationale being that the milk would neutralize the acid which was supposed to be the cause of the ulceration. All this changed thirty years ago with the discovery of Helicobacter Pylori in the stomach of patient with gastritis and stomach ulcers by Barry J. Marshall and J. Robin Warren of Perth, Western Australia. To demonstrate that H. Pylori caused gastritis and was not merely a bystander, Marshall drank a beaker of H. Pylori. He became ill several days later with nausea and vomiting. An endoscopy ten days after inoculation revealed signs of gastritis and the presence of H. Pylori. These results suggested that H. Pylori was causative agent of gastritis. Warren and Marshall were awarded the Noble Prize in Medicine in 2005 for their work on H. Pylori.

The key ingredients for any research are: intellectual curiosity, asking the key question, persistence and follow up to test the hypothesis, honesty, and integrity in collecting and reporting all findings, both the expected and the unexpected, assess what’s available and doable in the place you work. There is no point doing research in transplantation if your institution does not have a transplant program. Researcher should learn to collaborate and co-operate, locally, nationally and even internationally. Clinicians can start from simple research, gain knowledge, experience and confidence and then embark on funded projects. There is an element of luck involved, being in the right environment, having access to role models, cooperative peers is important. It is important for the researchers to realize that unless the results of the research are published, they are of much less value for the large community. With the modern tools of communication, publishing of results in right journal has become lot less complicated compared to the time before the advent of internet and computers.

Next question is “does the engagement of clinicians and organizations in research improve healthcare performance”. There have been 33 papers answering this question; 28 reported improvement in health services performance, with others reporting improved processes of care. One could regard research as a professional responsibility in which clinicians have a duty of care to contribute to developing the evidence base of their profession.

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INDYWOOD MEDICAL EXCELLENCE AWARD 2017 TO RGCIRC

The Management of RGCIRC would like to profusely thank all our brilliant team of doctors, empathic nurses, skillful technicians, para-medics and other staff for the Indywood Medical Excellence Award 2017.

Further the Management would also like to dedicate this award to all those patients who have continually reposed trust and confidence in our ability to deliver high quality medical care.

Rajiv Gandhi Cancer Institute and Research Centre has received the prestigious

INDYWOOD MEDICAL EXCELLENCE AWARD - NATIONAL CHAPTER
organised by
INDYWOOD FILM CARNIVAL & GOVT. OF TELANGANA
on
4th December 2017
at
Ramoji Film City, Hyderabad

CME - IMA Dehradun
RGCIRC organized a CME in association with IMA Dehradun on Saturday, 25th November 2017 at Hotel Inderlok, Rajpur Road, Dehradun. Dr. Sudhir K. Rawal, Medical Director and Chief of Uro - Gynaec Surgical Oncology delivered a lecture on “Robotics in Uro Oncology”, Dr. A. K. Dewan, Director - Surgical Oncology spoke on “What is Latest in Surgical Oncology” and Dr. Munish Gairola, Director - Radiation Oncology spoke on “Advancement in Radiation Oncology” in the said CME.

CME - IMA Bareilly
RGCIRC organized a CME in association with IMA Bareilly on Saturday, 09th December 2017 at IMA Bhawan, Bareilly, UP. Dr. Rajeev Kumar, Sr. Consultant - Surgical Oncology delivered a lecture on “Hereditary Breast Cancer” and Dr. Kundan Singh Chufal, Sr. Consultant and Chief of Breast and Thoracic Radiation Oncology spoke on “Advances in Radiation Oncology - from Cure to Quality Life” in the said CME.

CME - East Delhi Surgical Forum
RGCIRC organized a CME in association with East Delhi Surgical Forum on Friday, 15th December 2017 at The Leela Ambience Convention Hotel, Delhi. Dr. Leena Dadhwal, Consultant - Surgical Oncology delivered a lecture on “Recent Advances & Conservation in Surgical Oncology” and Dr. Manish Pruthi, Consultant - Orthopedic Surgical Oncology spoke on “Advances in Management of Musculoskeletal Tumors” in the said CME.
Annual Conference of IMA - Rohini

RGIRC participated in Annual Conference of IMA Rohini held on Sunday, 17th December 2017 at Hotel Seven Seas, Rohini, Delhi. Dr. Sunil K. Khetarpal, Chief of Operation cum Medical Superintendent delivered a lecture on “Litigation Management: Prevention and Correction” and Dr. Rayaz Ahmed, Consultant – Hemato Oncology spoke on “Bone Marrow Transplant at RGIRC” in the said conference.

RGIRC, Announced First Epicentre in India by Da Vinci for Learning of Robotic Surgeries

We are happy to announce the opening of first Epicentre in India for Robotic Urology Case Observation Site in National Capital, Delhi, featuring Dr. Sudhir Kumar Rawal, Medical Director and Chief of Uro – Gynae Surgical Oncology, RGIRC. The Epicentre Certificate was presented by eminent leaders of Intuitive Surgical to Dr. Sudhir Rawal and Mr. D. S. Negi, CEO.

Epicentre is a Global Reference Site for da Vinci Robotic Surgery where surgeons across globe can visit and observe quality cases to get motivated to start Robotic surgeries or learn tips and tricks of Robotic Surgeries, getting convinced on the value props and economic viability of da Vinci.
Physicians face a variety of barriers with regard to participation in research. These barriers are system or organization related as well as research - and physician related. To encourage physician participation, appropriate organizational and operational infrastructures are needed in health care institutes to support research. All physicians should receive education and training in the fundamentals of research design and methodology. The main challenge is the unwillingness of many physicians and patients to participate in clinical trials/studies. Barriers to participation include lack of time, lack of resources, trial-specific issues, communication difficulties, conflicts between the role of clinician and scientist, inadequate research experience and training for physicians, lack of rewards and recognition for physician, and sometimes a scientifically uninteresting research question. Strategies to encourage physician participation in research include financial and non-financial incentives, adequate training, research questions that are in line with physician interests and have clear potential to improve patient care.

Finally we must foster research culture in our Institute and research based learning among doctors should be high priority in order to develop more and better clinician-researchers.

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