

EDITORIAL

LET US RETURN TO HUMANE MEDICINE - LESSONS FROM WILLIAM OSLER

Sir William Osler (1849 - 1919) occupies a unique position in the history of medicine. He is widely regarded as the ideal medical practitioner and he is generally acknowledged as one of the most outstanding teachers of all times. He was a humanist who emphasized compassion for the individual, a doctor whose bedside skills and manners were emulated by admirers and students and an educator whose concepts revolutionized clinical teaching, introducing the practice of bedside teaching. Not only Osler cultivated a lifelong interest in the history of medicine and humanities, but also his humanistic philosophy was reflected in all aspects of his life. Osler blended the art and science of medicine perhaps better than anyone else.

William Osler emphasized that some parts of clinical medicine, such as the patient - doctor relationship, are fundamental and timeless. From the patient's perspective, the foundation of this relationship is trust, generated by two fundamental components: empathy and perception of specific technical competence. The first step to build trust with a patient is generating empathy. **Empathy** can be defined in several ways; the most exhaustive one is three - parted: - **understanding**, which consists in recognizing the patient's situation, suffering and perspectives; - **feeling**, which consists in sharing what the patient feels as a sick person; - **caring**, which consists of the ability to convert understanding and emotional involvement into practical and clinical effective actions. Paradoxically over the last fifty years an exponential growth of technical competence and of the ensuing effectiveness of care has been paralleled by a decrease of trust, due to the growing lack of empathy between physician and patient.

As technical competence has increased, physicians have started giving less importance to empathy and have started to perceive the patient as an object, as a **bio - mechanical riddle**. Osler has rightly said that medicine is more than the sum of our knowledge about diseases. Medicine concerns the experiences, feelings and interpretations of human beings in extraordinary moments of fear, anxiety and doubt. That's the reason why one of the keys to the effectiveness of care is caring for the patient (i.e. introducing the paradigm of care vs. cure). As we've seen, the trust of the patient towards the physician can be increased by empathy; Osler understood people, listened well, spoke carefully and used good body language: all of these were the major features of his mythical clinician ship.

Inattention to the patient as a person and his concerns, leads to inadequate data - gathering, non - adherence and poor outcomes. Osler's quoted: **"The good physician treats the disease; the great physician treats the patient who has the disease"**.

Throughout his experience as a clinician and as a teacher, Osler managed to keep the man at the center of medical practice.

The weakness of modern medicine is considering medicine as a mere technique and not as an art and a profession with great responsibilities. Being a good physician also means being aware that the peculiar object of medicine is not an object but the human being.

Osler was an avid reader and bibliophile: he suggested not only to read medical books but also literature as an incentive to reflection and empathy, a tool to reflect on persons and the essence of suffering. This sort of **"education of the heart"** can be seen as the ability of humanities to enlighten the meaning of experience, whereas hard science's object is to explain the facts through the use of data. Osler wrote: "The hardest conviction to get into the mind of a beginner should be that medical education is not a college course, not a medical course, but a **life course**, for which the work of a few years under teachers is but a preparation".

A chief reason for Osler's ongoing influence comes from his demonstrated embodiment of a tradition of humanism in medicine. Humanism was not something he practised as an intellectual discipline, rather it was a part of his make - up. *The so - called Humanists have not enough Science, and Science sadly lacks the Humanities. This unhappy divorce, should never happen.*

Humanities can be a tool to understand men and to obtain special skills such as listening, interpersonal competence, concern and compassion. These skills are fundamental in building a good patient - doctor relationship. Perhaps we should stop wondering whether teaching humanities to medical students will help them form better and more humane physicians. We should start thinking again, as Osler taught to us, that medicine is not only a science but a therapeutic art which involves a deep interest and concern towards man in all his aspects. Humanities cannot be considered anymore an additional tool to induce humanism in medical students, but rather an integral part of the professional training of a physician. The most important lesson that William Osler gave us is that medicine begins and ends with man; his concept of medicine as a profession engaged in helping and caring of man as a whole can help physicians to build a more humanized approach; a better patient-doctor relationship, and to enhance the value of the empathy with the patient (not with his / her disease) without a decline in therapeutic capacity.

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MINIMAL INVASIVE SPINE SURGERY (MISS) FOR SPINAL METASTATIC TUMOURS

Minimal invasive surgery has revolutionised almost every surgical field including spine surgery. But its application in spine- oncology is still very limited. Only a handful of centres are practicing minimal invasive approaches in spine - oncology.

Bony vertebral metastases may be very vascular and thus difficult to achieve haemostasis and a clear operative field during surgical decompression of tumour are the main factors for reluctance of spine onco surgeons to operate through smaller incisions.

Metastatic spine tumours are most common lesions encountered by any spine Oncosurgeon. These patients are usually very frail with post CT/RT status leading to increased immune-compromised status and weaker bones. Thus, traditional open approaches to spine with bigger incisions and extensive dissection leads to more tissue trauma and increased morbidity. Hence Minimal invasive approaches are preferable.

This is an illustrative case of spinal metastasis from extra skeletal Ewing sarcoma who was successfully treated with minimal invasive approach.

This, 21 years young male, a follow up case of Extra skeletal Ewing's Sarcoma of right kidney post nephrectomy with a metachronous metastasis in the right half of L4 vertebra presented with severe mechanical back pain, and right L5 radicular pain which severely restricted all his movements- suggestive of spinal instability and radiculopathy.

His MRI Lumbar spine was showing altered marrow signal intensity in L4 vertebra with visualization of an ill-defined T2 hypointense soft tissue approximately measuring 24 x 21 mm along the right pedicle of L4 vertebra with extension of the soft issue into the right neural foramen at L4-L5 level indenting upon the right exiting nerve root. (Fig 1 & 2).

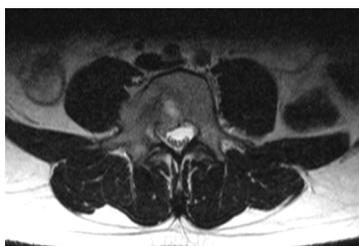


Fig.1 Pre OP MRI Axial View



Fig.2 Pre OP MRI Sag View

Patient underwent minimal invasive L3-L5 right sided percutaneous pedicle screw fixation with posterior L4 hemi-laminectomy with intraosseous tumour

decompression with ipsilateral L4-5 foraminotomy using tubular retractor system.

Tubular retractor system uses a muscle fibre splitting rather than muscle cutting approach with no disruption of posterior spinal ligaments and muscles. Extensive dissection of paravertebral muscles which leads to their denervation and atrophy in the long term was avoided.

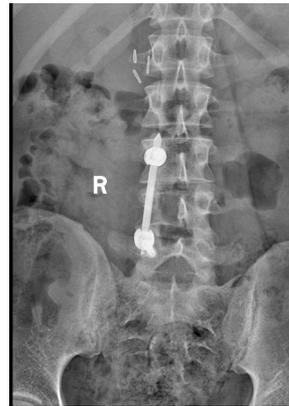


Fig.3 Post OP x ray Ap View



Fig.4 Post OP x ray Lat View

Patient got significant pain relief immediately after recovering from GA and could stand up and start walking the same evening. His radicular symptoms disappeared, and operative site pain required only basic analgesic medicines.

Significant number of patients with malignancies develop vertebral metastases causing instability and neural element compression rendering the patient bedridden for the remainder of his life and severely affecting QOL. With advent of modern facilities like Neuronavigation, O-arm, and drill systems and high-resolution advanced microscopes at RGCIRC minimal invasive surgery is routinely performed in spine oncology cases.



Fig.5 Small Scars

Advantages :

1. Small sear & minimal tissue trauma
2. Early recovery & shorter hospital stay
3. Early start of chemotherapy & radiotherapy
4. Cost effective

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UROGENITAL TRACT UNVEILED: MASTERCLASS IN URO-ONCOPATHOLOGY 2025

The Department of Histopathology at Rajiv Gandhi Cancer Institute & Research Centre, Rohini, Delhi, successfully hosted the much-anticipated **Uro - Oncopathology Masterclass** titled “**Urogenital Tract Unveiled: Masterclass in Uro - Oncopathology 2025**” on **12th and 13th April, 2025**.



The event brought together a distinguished group of national and international pathologists, urologists including Dr. Jonathan I. Epstein & Prof. (Dr.) Mahul B. Amin and researchers, making it a vibrant platform for the exchange of knowledge and latest advancements in the field of Uro - Oncopathology. The masterclass focused on the diagnostic challenges encountered in urogenital pathology and emphasized the role of **immunohistochemistry** and **molecular studies** in resolving these dilemmas.

Participants were treated to a series of insightful scientific lectures delivered by leading voices in the discipline, who shared cutting-edge research findings and practical strategies for improved diagnostic accuracy. The interactive nature of the sessions encouraged meaningful discussions and enhanced learning.

One of the highlights of the event was the **e-poster presentation**, where attendees showcased their research work, fostering academic exchange and collaboration.

The organizing committee extends heartfelt thanks to all the speakers, delegates, and participants whose enthusiastic involvement made the masterclass a resounding success. This event reaffirmed the importance of continual professional development and collaborative learning in the ever-evolving landscape of Uro-Oncopathology.

19TH CHEMOPORT TRAINING PROGRAM

The **Department of Surgical Oncology at Rajiv Gandhi Cancer Institute & Research Centre (RGCIRC)** successfully conducted the **19th Training Course in Chemoport Insertion** on **2nd and 3rd April 2025** at Indraprastha Hall, RGCIRC, Rohini.

This two - day intensive training program was specially designed for doctors from various oncology centers who sought to enhance their skills in vascular access techniques for chemotherapy. The course featured a combination of **interactive academic sessions** led by expert faculty from RGCIRC and **hands-on training** in the operating rooms, providing participants with a well-rounded, practical learning experience.

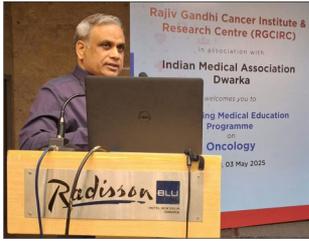
The comprehensive curriculum covered key procedures including **Chemoport Insertion, Hickman's Catheter Insertion, Pediatric and Arm Ports**, care and maintenance of chemoports, PICC v/s Ports. Participants had the opportunity to engage directly with experienced surgeons, observe live demonstrations, and practice under supervision.

The course received **overwhelmingly positive feedback**, with attendees appreciating the structured format, depth of content, and clinical relevance. The success of this training underscores RGCIRC's commitment to continuous medical education and its leadership in advancing oncology care practices.



CME WITH IMA DWARKA, DELHI

CME Programme organized by RGCIRC in association with Indian Medical Association (IMA) Dwarka, Delhi on Saturday, 03rd May 2025 at Radisson Blu Hotel, Dwarka, New Delhi. Dr. (Prof.) Ishwar Chandra Premsagar, Chief of Neuro & Spine Oncology Services, RGCIRC delivered a lecture on **Recent Trend in Neuro Oncology** and Dr. Varun Goel, Sr. Consultant Medical Oncology, RGCIRC spoke on **Evolving Use of Immunotherapy in Solid Tumors**.



RGCIRC is Now Digitally Present!

We are delighted to announce the launch of the RGCIRC Monthly Newsletter, now available on our official website. Stay informed with the latest updates, medical advancements, patient stories, events, and insights from the experts at RGCIRC.

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