

Of, by and for the patient

Rasheeda Bhagat

In more ways than one, it is an unusual mission, taken up by a superspecialist. But Dr. R. Ravichandran, Director of the Madras Institute of Nephrology, which he set up at the Vijaya Health Centre in Chennai in 1985, is certain that it will succeed.

The idea is simple but as yet untested — to set up a medical trust with financial contributions from old patients, to provide assistance to the impecunious patients. Former patients and their relatives can get involved in running and administering the Trust, the idea being that "kidney transplant patients, who have been through the trauma of renal failure can best judge what help or support other renal failure patients need."

The Balaji Medical and Educational Trust has been set up at the Institute of Nephrology with this objective. Half of the initial capital of Rs. 6 lakh, which went into getting an acute dialysis

machine, was contributed by a single grateful patient.

"A 65 year-old widow came to me last year after meeting several doctors who misdiagnosed her. She had a urinary problem linked to her Parkinson's disease. Parkinson's disease can obstruct urine flow. Her problem had nothing to do with her urinary tract but several doctors had treated it as a urinary disease. We diagnosed the problem and she was alright within a week," says Dr. Ravichandran.

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When the grateful woman donated Rs. 3 lakh for the use of poor patients, he decided to involve some of his kidney transplant patients, numbering more than 1,500 and scattered all over the country, in running a charitable service for renal patients.

"We sent out 200 letters and the response was very good as transplant patients are very sympathetic to this cause and know what help these people need. We would not like to reject any patient with a renal disease. Just because he can't afford treatment, he should not be thrown out," says Dr. Ravichandran.

While it takes a lot to help a transplant patient, he feels the first priority should be to help a person who comes with acute renal failure requiring only one or two dialysis sessions.

"That is all such a patient might require because acute renal failure is reversible. But the basic confusion with renal failure is that people fail to differentiate acute from chronic kidney failure. While the former is irreversible, in the latter a person can recover after one or two dialysis."

His immediate aim is to not turn down at least acute kidney failure, or old transplant patients who might require support for a short time. "He might not be able to buy drugs for a month after which he may be able to raise the money. But who will support him during the interim?", asks the nephrologist.

When it comes to chronic patients, Dr. Ravichandran knows the Institute's limitations. And his point is, "why should we concentrate on transplant which is anyway for a small group, because in the community of patients with renal problems, only one per cent eventually undergoes a transplant? Affordability, awareness and availability of kidneys are just not there."

Dr. Ravichandran says that Chennai is the last place one should take into account because renal transplant services are concentrated here, as it is comparatively less commercialised. "When I started my practice I used to be very excited about transplant... But 15 years later I realise that this is a minuscule number. The majority of renal failure patients require some other treatment. But the problem is that everybody is interested, only in specialised treatment."

The Trust, using its dialysis machine installed in August 1998, is able to give free dialysis to one patient every day.

This, according to Dr. Ravichandran, is the starting point. "Now I want my old patients to run the Trust. To an extent, I feel we doctors are biased. We know the medical problem, but only the patients know the whole problem in getting treatment."

He has managed to get the husband of one of his transplant patients, a retired engineer from Mumbai, Mr. Kalyanasundaram, to be the administrative officer.



Dr. R. Ravichandran, director, Madras Institute of Nephrology... On an unusual mission.

Incidentally, this is one of those rare cases where a husband had donated a kidney to the wife. The reverse is true most of the time.

Besides Mr. Kalyanasundaram, who works for the Trust on a voluntary basis, Durga, the young receptionist at the Institute, who underwent a kidney transplant here five years ago, donates her entire salary to the Trust.

Says Durga: "My father takes care of my needs, and he doesn't want my money, so I can donate my salary to needy patients. Being a patient I know the problems faced by kidney failure patients. Most of them are so poor that they cannot afford the treatment. This is my way of helping."

Dr. Ravichandran believes that helping renal failure patients requires not only financial resources but also awareness and timely diagnosis. "The biggest problem in the country concerns diagnostics. If the diagnosis is good the treatment is easy."

But the laboratories which have mushroomed all over are atrocious. Not adequately equipped, they lack trained staff and this is where the diseases get missed. I find patients from Bihar or Madhya Pradesh coming with terrible reports. Every month my patients from these regions have to ring me up to consult on their condition and this goes on for years."

About the causes for renal disease and failure, he says these are on the rise. "There is a large chunk which is produced by drugs. Not only allopathic but also native medicine, especially *siddha* drugs, have a strong nephrotoxic effect. Many of these drugs use heavy metals which accumulate in the body and get

deposited in the kidney. It is very difficult to establish a cause-and-effect relationship but we do see many patients with such problems. Even a simple pain-killer can lead to a renal problem. That is why drugs should be used specifically and for short periods of time. When they are used for long periods, they should be monitored," he says.

With the increase in the incidence of diabetes and hypertension — two major causes of kidney failure in adults — as well as vascular diseases and pollutants in the atmosphere causing infections, renal problems too have increased, he says.

With timely diagnosis of acute renal failure being crucial in curing a patient, Dr. Ravichandran feels a few measures could make a great difference, such as involving the general physician in looking for tell-tale symptoms of renal failure (such as the presence of albumin in urine), improving biomedical services on which this speciality depends heavily, and educating patients to ask their doctors if they are moving towards kidney failure when certain symptoms appear.

Dr. Ravichandran is also involved in developing medical equipment to reduce the cost of dialysis for the patients. Acute dialysis machine for short-term treatment is one of them.

Locally manufactured, this can be used anywhere in the country, as it does not require a nephrologist or a technician and can be operated by any doctor or a nurse.

What makes Dr. Ravichandran different is that many areas where doctors get irritated with "unnecessary questions or too much talk from patients," this doctor is looking for inputs from his patients on what other patients want. I know what they want medically, but only they can tell me that when they suffered, what was the kind of help they needed and if they were able to get it. Did their doctors pick up the diagnosis? Why did the kidneys fail and why did they have to undergo transplant?

If all doctors started asking such questions, we would be looking at a future where diseases can be diagnosed early, and the patients' trauma and financial burden considerably reduced.