



**DR ARBIND JAISWAL**

## **Presidential Address**

**EIZOC ANNUAL CONFERENCE 2017, DHANBAD.  
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By

**Dr Arvind Jaiswal,**

Honourable Chief Guest, Guest of honour, Dignitaries on the Dias, invited guest of Faculty, my respected teachers & seniors, Delegates from my birth state i .e. Jharkhand & other delegates from Eastern India, members of the fourth pillar of the society both print & visual, colleagues and my dear friends.

It gives me enormous pleasure and happiness to be here addressing this august gathering on the occasion of 31st Annual conference of EIZOC. Let me at the outset place on record sincere gratitude to all my colleagues for having elected me President of EIZOC. When I look at this audience, I know how fortunate I am to get this opportunity because amongst you are many people more capable and perhaps more deserving than me.

I owe deep gratitude to number of people who have contributed in my life .Firstly my father, who gave me the biggest treasure of education, to my guru Dr.Arun Kumar Sinha who taught me alphabets of Ophthalmology, Prof.A.N.Pandeya under whom I did my masters and last but not the least Dr.P.N.Nagpal who not only taught me Retina but also encouraged me to take part in scientific and organizational activities.

I owe a lot to Dr.P.C.Gupta who started Retina Clinic at PMCH and allowed me to serve the masses and impart training to PG students. If I have been able to accomplish any thing in my professional life, it is mainly because of their blessings and guidance. I therefore acknowledge my abiding & profound gratitude and in debtness to them for what I am today.

On this platform, I want to share my views on..

### **DIABETIC RETINOPATHY-**

India happens to be the world capital of diabetes since 2011.Epidemiological studies have estimated that every fourth Indian above 40years has diabetes. This accounts for 61millions in 2011 and going to rise more than 100 millions in year 2030. One of the major complications of diabetes is DIABETIC RETINOPATHY.

The estimated incidence of Diabetic Retinopathy is 18% so every fifth Indian is having some form of Retinopathy changes, which may lead to blindness, if timely intervention is not done .Nearly, 90% of Diabetic Retinopathy features are modifiable and only 10% are having Vision threatening features. This is mind-blowing figure. This is not possible for Retinologist alone to tackle this problem, because there are less than thousand Retinal Specialist in India & most of them are in Tertiary Eye Institutes. As I have told you earlier that 90% of diabetic retinopathy feature are modifiable which means good control on diabetes, hypertension dyslipidemia and life style modification, which will bring down the incidence of vision threatening complications of DR.

The Role of physician & Diabetologist are of paramount importance in control of diabetes related blindness

This is my earnest request from this podium to the physician to have visual acuity evaluation and Fundus imaging as part & parcel of diabetic management at their clinic.

Secondary, my humble request to the health planners & providers is to have Retina units at medical colleges & to depute young ophthalmologists for 3 to 6 months training in Medical Retina at tertiary eye institute on a regular basis so that an army of trained professional can be created to combat Diabetes related blindness which is looming large over our horizon.

## OPHTHALMIC TRAINING & YOUNG OPHTHALMOLOGIST

Indian ophthalmology is at an interesting juncture from where it is capable of transforming global ophthalmology and become a world leader in ophthalmic care and innovation; against all odds, it has firmly established itself on the global map. But as we stand at this crossroads we have to understand the growing need to develop quality young ophthalmologists who can carry the legacy on their shoulder.

How I see young ophthalmologists of coming years? Competent & innovative enough to lead India globally. Compassionate enough to address the problem at grass root level.

India is known for its diversity and unfortunately, this diversity exists in the ophthalmic teaching curriculum as well. We have a whole spectrum of institute and colleges across India ranging from the world-class one to the one where there is an alarming scope of improvement. According to MCI, there are 117 government and 120 Private Medical colleges in India with MD/MS (Ophthalmology) curriculum. Yet, in a sample of ten best eye hospitals in India, only one eye hospital (AIIMS) is in government sector.

For many years I am observing that during M.B.B.S, young graduate are being told that ophthalmology learning is for Post-graduate and then from the beginning of residency they are reinforced with the concept that "Just learn the basic" because any how fellowship has to be done. But in Tertiary Eye Care Institution, they have evolved various sub-specialities and residents are exposed to these sub-specialities.

I am of view that uniform comprehensive pan ophthalmology training should be the mantra of residency-program in our country. Many will raise objection because fellowship is new Fad.

This will reduce mad rush for superior/sub-speciality training. In my opinion sub-specialities, specialisation should be for those who want to pursue their carrier in Medical College or Tertiary Institution or in lighter view for those who want to become "God of small Things".

India needs comprehensive Pan-ophthalmogists who can practice at divisional, district, or sub-division level to tackle the treatable blindness which constitute 80% of total blindness.

In summary, we need a structured, supervised and scrutinized ophthalmology residency programme.

## -ROLE OF EIZOC-

Presently the professional excellence and expertise of EIZOC ophthalmologist are unquestionably of a very high standard and of national level. Many tertiary care Institutions are centre of excellence and national repute.

I propose formation of P.G. skill Development programme under the aegis

Of E.I.Z.O.C. under this programme, P.G. students will go to Tertiary care institution of repute for 10-15 days as observer. This will give immense exposure to students and also give foundation for future academic endeavours.

EIZOC should do what Albert Einstein once said - "I never try to teach my students anything. I only try to create an environment where they can learn".

-EASTERN ZONAL OPHTHALMOLOGICAL CONGRESS-

I am associated with the EIZOC since more than two decade and taken responsibilities assign to me by society. I have tried to accomplish it to my ability.

EIZOC executive committee has taken sight step in right direction to have its mid year & annual conference Independently. This decision will have far-reaching impact in the growth of EIZOC in years to come.

It is quiet heartening to see that executive committee to EIZOC symbolises collective responsibility, mutual respect & regard and above all, a commitment & courage to serve the society in the best possible way. I congratulate them in general and our dynamic secretary Dr.B.N.Gupta in particular.

I wish to convey my appreciation thanks & congratulations to Team L.O.C under the leadership of Dr.P.K.Chatterjee and scientific committee under command of Dr.Satyen Deka for excellent scientific programme & other logistics arrangement of highest order.

Finally, I would like to conclude by saying , EIZOC is well poised to march forward with renewed vigour & vitality and certainly primed to scale new height of glory.

Thanks for your patience hearing.

**LONG LIVE EIZOC**

**LONG LIVE INDIAN OPHTHALMOLOGY**

**JAI HIND.**