

Poking and prying with a purpose

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It's the afternoon of a hot summer day in 2016. I sit in a compact poorly lit room in the basement of the Dr BR Ambedkar Institute Rotary Cancer Hospital (BRA IRCH). The room has numerous shelves, densely packed with new and old files, mostly covered with a fine layer of damp, yellow dust. There is a strong smell of mould, which spreads its hyphae through the faded pink covers of the patients' files—patients, who were once in the same hospital being treated for their menacing malady; patients, who once touched these files and patients, who are no more alive to see these transcripts of their nemesis. I hear the constant screeching sound of an old fan, rotating slowly over its partially rusted attachment to the basement roof. The sound is interrupted by the cries of a young woman. The cries, muffled by the gloomy basement walls, of a woman who has lost her husband to a dreadful disease, a curse called cancer. As I patiently open the files, one at a time, page by page, the fine dust over these begins to rise up in the air and the pungent smell becomes stronger. I carefully observe the details, which the faintly inked sentences recount, and note them in my datasheet.

I was selected in the All India Institute of Medical Sciences (AIIMS), New Delhi, the top-ranked medical college of India, in 2013, for the MBBS course. I had finished my second professional examinations in the winters of 2015. The year 2016 had begun. I and Dhruv, my friend, sat in his room, discussing ways to improve our curriculum vitae (CV). Clinical attachments in the USA appeared to be a far-fetched dream, as most universities required United States Medical Licensing Examination Step 1 scores, which we did not have. Hence, began our quest to formulate a research idea and work on it, and if everything went according to plan, perhaps also enhance our CVs.

In a few weeks' time, we had met our mentor, Dr Mohan, in the department of pulmonary medicine, and had a research project in our hands. We aimed to compare an immunotherapy drug known as crizotinib, with the conventional chemotherapy drugs, given for the treatment of non-small cell lung carcinoma. The data were to be collected from the records section of BRA IRCH, the cancer hospital at AIIMS, New Delhi. We never knew that it would take us months to collect the data due to the restrictions the authorities imposed. They said, 'files will be given in the afternoon (2–5 pm) from Monday to Friday, only ten files can be given at a time, no photography of the files is allowed, files cannot be taken away and returned later and all the entries have to be made sitting in a room in the basement'.

Our schedules changed. My day began with attending a lecture at 8 a.m., going for clinical postings, rushing back to my room, having a quick lunch, going to the records section and spending time in the afternoon at this place. Bunking afternoon lectures and studying till late at night to compensate for what could not be done in the afternoon, became the norm. The giant

textbooks—*Harrison's principles of internal medicine* and *Bailey and Love's short practice of surgery*—lying on my study table constantly mocked me and reminded me of my final professional examinations, which were approaching every passing second. A lot of demotivating, not-so-valuable advice to quit the project came from my classmates. Despite these hardships, it soon became a routine. In the course of the following months, we collected the data, and I also completed studying a major part of the topics from medicine and surgery for my professional examinations, had also reached higher grades in drumming (my hobby) and had voluntarily become a hermit.

Gradually, what began as a quest to improve my CV became my passion. The process of research was no more scary or exhausting. I became deeply curious about my research questions. The inquisitiveness to find out more fuelled me.

Recognition is bliss. In the summer of 2017, our abstracts were selected for presentation at the American Thoracic Society conference to be held at Washington D.C. and the Joint CHEST-Schweizerische Gesellschaft für Pneumologie Conference to be held at Basel, Switzerland. Dhruv and I were among the young delegates to present our work there.

We worked on other research projects in surgical oncology in 2018. I was mostly alone in the data collection process this time as Dhruv had his examinations to deal with. I collected a mammoth amount of data in a year's time. Most of the old files were discarded or sent to a storehouse far away from the hospital. A lot of valuable data were lost, never to be recovered again. We worked hard this time too and got selected for presentation at the Congress of European Otorhinolaryngology–Head and Neck Surgery Confederation, to be held at Brussels, Belgium, in 2019.

The whole process seems to be daunting. So, should you devote your valuable time to research in medical college, despite having a busy schedule? My answer will always be 'Yes'.

We have a lot to discover and learn from what is going on around us. As students of science, we are supposed to be inherently curious. However, these curiosities are suppressed by the way our medical education system is framed. Take some time and think about it—if we don't find a cure for deadly diseases, who will? Who will come up with appropriate guidelines for the treatment of a disease? Believe me, the feeling of finding something novel, something beneficial for others is deeply satisfying.

In the chaos of everyone blaming and shifting responsibilities on others, we tend to drift with the wave. Though not said frequently, we as medical students truly live in a privileged environment, despite living in a developing country. When we stop focusing on the flaws, is when the opportunities arise. When we stop blaming the system for not being perfect, we open up new ways for ourselves to grow and help the system and everyone around us become better.

Conflicts of interest. None declared