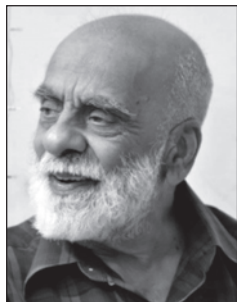


Obituary

Shashi K. Pande

(3 January 1928–13 December 2017)



The news of the death of Dr Shashi K. Pande filled me with immense sorrow. He was a truly great eclectic psychiatrist and a great teacher and, above all, a great human being—compassionate, cultured and courteous with impeccable old-world manners.

Born in Bhopal, the son of a freedom fighter and a lawyer, he had his early education in Allahabad where he distinguished himself in all examinations.

He joined G.S. Medical College, Mumbai, in 1946 and graduated in 1952. His father wanted him to be a surgeon, but his heart was set on psychiatry. I once mentioned my own view that most of those who opted for psychiatry did so in search of solutions for their own sufferings. He did not answer directly. He had a deformity of the lower limb (probably the result of a childhood septic arthritis) and it was plausible that it had a deep effect on him. He moved to Canada to join residency at Allan Memorial Institute, Montreal and enrolled for Diploma in Psychiatry of McGill University, which he passed with distinction in 1959. He subsequently joined the Johns Hopkins University School of Medicine as an instructor in psychiatry. Torn between loyalty to two of the greats in psychiatry during this period, who both mentored him—D.E. Cameron and Jerome D. Frank—he moved between McGill University and Johns Hopkins briefly, but finally stuck to Johns Hopkins. He married Ms Peret Oja, a migrant from former Estonia, in 1961, who was not only his companion, but also his source of strength and inspiration all along until her death in 2015. She loved India and was more Indian than him.

Between 1964 and 1976, he rose from the grade of assistant professor to full-time associate professor at Johns Hopkins and was involved in outpatient teaching, supervising psychiatric residents, student counselling and, above all, in research. The array of research papers published during the period with him either as the main author or as a supervisory author shows his interest in objective evaluation of the effects of psychotherapy and the positive aspects of Indian culture. It was during this period that he published his magnum opus: 'The mystique of western psychotherapy: An eastern interpretation' (*J Nerv Mental Dis* 1968;146:425–32). It went on to become a classic and was included in the essential reading list for postgraduate students in psychiatry in the USA and the UK.

A cautious man who liked to plan his moves carefully, he came to Ranchi in 1974 and worked as an assistant professor for 6 months in the then Hospital for Mental Disease. Subsequently, when the post of director, medical superintendent and professor of psychiatry in the same place was offered to him by the Union Public Service Commission as part of its drive to recruit Indian experts working abroad, he accepted it in 1976. During his tenure, he transformed the sleepy, leisurely Hospital for Mental Disease into the lively, busy Central Institute of Psychiatry.

I joined the staff of the hospital as a medical officer 2 months before him. Although many of my colleagues who knew him from his earlier stint were informal with him, I kept my respectful

distance. However, he had the uncanny ability to recognize the work of subordinates and I was given more responsibilities gradually over the next few years during which I came to know him more intimately.

Gene D. Cohen lately has described four new phases in human development beyond the middle ages, starting with a 're-evaluation phase' during which people work with renewed vigour, driven by a sense of quest and equipped with developments in the brain, which form the basis for what we call 'wisdom'. Perhaps, Dr Pande was in this phase when he began his second stint in India. He had a vision for the institute, which he shared with me in occasional reflective moments. He wanted the institute to be a 'Centre of Excellence', not necessarily a big institute, with emphasis on the psychosocial aspects of psychiatry—a nucleus for Indian psychiatry. He would start the day at 3 a.m. pouring over files carried home the previous evening. He would arrive at the office by 9 a.m. in a cycle rickshaw (the institute did not have a staff car) and work throughout the day, sometimes late into the night, swallowing a couple of aspirins to drown the pain of his deformed leg. He was the best example of application of behavioural modification in administration. He never failed to appreciate a good suggestion made but never used harsh words while showing disapproval. His involvement in the work was total. I remember him personally painting the furniture in the patients' common dining hall along with his wife and children on holidays, without making any fanfare of it.

He added a weekly subject seminar and journal club to the weekly case conference of the teaching programme. He selected the research papers to be discussed in the journal club himself. Many of these papers went on to become classics. He used his weekly outpatient clinic as an occasion to demonstrate many aspects of psychiatric interviewing and a common-sense supportive psychotherapy. Watching him was a better way of learning than closed-circuit televisions. His teaching programmes were immensely popular. The discussions were free ranging, and the teaching was didactic. He was also unconventional. He would often move the whole class outdoors and continue the discussion in the lawns under the shade of trees. At least once a month, he would invite all the staff and students to his official residence for tea or a buffet lunch, bonding with the staff. Communication was his forte, with precise use of words, whether in speech or in writing. He would obsessively redraft even some of the one-line memos issued to erring employees several times until they conveyed the exact meaning. His writings reflect this painstaking effort.

He excelled in establishing a good rapport with patients. Even the most uncommunicative patient would open up when he interviewed and reveal details never elicited by others. The best tribute to him perhaps was paid by an extremely hostile and uncooperative patient whom I was trying to persuade to get readmitted a few years after Dr Pande resigned. The patient said, 'I shall get admitted only if your chief with the deformed leg—I don't know his name—is still present. Otherwise don't waste your time.'

If he had one weakness, it was that he did not suffer pretenders easily. He was frequently checkmated by the mandarins in the Ministry of Health and by 1980 it was clear that promises made on the development of the institute which induced him to come to India would not be kept. An auditor in the annual audit party once

remarked to me after meeting him, 'We lament the brain drain but we don't mind putting the best brains in the drain.' Frustrated at every turn, he ultimately resigned at the end of 1981. He saw that many of the people who used to rush to his residence on every plausible occasion when he was in power, deserted him unceremoniously. It hurt him a lot. He took up a job in Baltimore where he had a house and started moving between India and Baltimore, with Mrs Pande. They would spend the winter in India and move to Baltimore for the rest of the year. Mrs Pande developed Parkinsonism later and gradually became bound to a wheelchair. He devotedly wheeled her around the globe. She died suddenly in 2015 soon after landing in Ranchi; the Ranchi she loved deeply. Her death virtually extinguished his zest for living. I met him one last time soon after her death. He had a faraway look in his eyes and his roaring laughter was conspicuously absent. Knowing his dependence on her, I had no words of consolation to

offer. He continued to move alone between Baltimore and Ranchi and finally died suddenly on 13 December 2017 of a massive myocardial infarction as soon as he landed in Mumbai from the USA.

Dr Shashi K. Pande is survived by two daughters and a son. The elder daughter is a psychiatrist and lives in the USA. The younger daughter is a journalist working in Mumbai. His son is a lawyer who lives in the USA.

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Obituaries

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and elsewhere. They die without their contributions to our country being acknowledged.

The National Medical Journal of India wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—*Editor*