

Obituary

Shirish K. Bhansali

(21 September 1929–27 April 2009)



The saddest moment of my life is to write an obituary on my dearest colleague, Dr Shirish K. Bhansali.

He was a bright student of Seth G.S. Medical College; a gold medalist and prize winner of the University of Bombay. After completing his studies in Bombay (now Mumbai), he went to England and worked at the Royal Marsden Hospital, London. He obtained his Fellowship of the Royal College of Surgeons,

England and returned to Bombay. He joined the Tata Memorial Hospital and pursued a career in oncology for almost 7 years. His urge to teach made him move to Topiwala National Medical College and B.Y.L. Nair Hospital as an honorary assistant professor of surgery. He went on to become a full professor and head of his own surgical unit.

He developed an interest in hepatic, pancreatic and biliary surgery while retaining his enthusiasm for gastrointestinal surgery in general, and in surgery on the endocrine organs in particular. He was a doyen in the field of surgical gastroenterology in India.

He contributed much to the development of surgical endocrinology in India. He excelled in clinical medicine and continued to lay stress on history-taking and clinical examination of the patient. He taught by example. Till his last day, the bag that accompanied him on every visit to his patients contained the stethoscope, sphygmomanometer and reflex hammer among other basic instruments. On ward rounds he was often the only surgeon in the institution who unfailingly had a stethoscope wrapped around his neck. 'The surgeon must never forget that he is a physician first.'

He excelled in whatever he chose to do. The minute he realized that he was not able to give undivided attention, he relinquished that task and proceeded to others on hand. An excellent example was his membership of the committee appointed by the Supreme Court of India to monitor the functioning of the Medical Council of India. After serving diligently on this committee for over a year, attending all its meetings and studying each of the voluminous files sent to him from time to time, he realized that this appointment was taking too much time away from the care of his patients. His resignation from the committee was greeted with sorrow by the other members for his opinions and advice had always been thought-provoking and wise. In a similar spirit he gave up his positions in the teaching hospital but continued to indulge in his love for teaching by holding clinics for postgraduates at the Nair Hospital every week.

He had set up the Sunday morning gastroenterology journal club years ago. We discussed important papers in recent issues of journals and shared experiences on patients with complex illnesses treated over the preceding week.

He was a self-confessed workaholic. Like me, many other colleagues at the Jaslok Hospital and at the Breach Candy Hospital got used to seeing him doing his rounds at all hours of the day and night. On occasions when I was called to see a seriously ill patient around 2 a.m. or 4 a.m., I would run into Dr Bhansali in the hospital corridors. The remarkable observation made by me and others was that while we showed evidence of having been awakened from sleep, he was as immaculate and cheerful as he would be around 9 a.m. When asked about this, he said it was a legacy from his days as a resident doctor at K.E.M. Hospital and at the Tata Memorial Hospital. 'We learnt to get along with 3 to 4 hours of sleep each night. This ability stands me in good stead even now. I find the late night optimal for checking on my seriously ill patients as I can examine them without any hurry or any other call on my time.'

His surgical colleagues are better judges than I of his contributions and technical ability. I can attest to the excellent results from his operations on my patients. He appeared to follow classic and well-tested steps in each operation. Each patient had the benefit of his full attention. Queries were patiently answered and doubts resolved. The exceptional garrulous or querulous patient was gently but firmly made to stick to the essentials. It is no wonder that his patients worshipped him.

He was a much-respected member of national and international organizations of surgeons and gastroenterologists. His paper on gastrointestinal tuberculosis published in the *American Journal of Gastroenterology* several years ago has now become a classic and continues to be quoted. He was a co-editor of the book *Management of acute pancreatitis* and contributed papers to it. He was successful in ensuring that this volume embodied contributions from eminent gastroenterologists throughout India and thus recorded national experiences and recommendations.

He dealt with his cardiac illness in a matter-of-fact manner. He sought prompt expert care and followed recommendations scrupulously except for his rigid insistence on returning to his patients after recovering from each episode. 'As long as I can help them, I do not see why I should not.' He served them for over 20 years after his coronary artery catastrophe!

He was caring, sympathetic and helpful as a friend and as a colleague. He practised what he preached and maintained a discipline that his juniors often found difficult to match. He was honoured by several fellowships in India and abroad.

We salute this courageous, dedicated and kind hearted surgical humanist.

SHARAD C. SHAH

A NOTE BY ONE OF HIS PATIENTS

I knew Dr Bhansali from the days when I was a resident surgeon in J.J. Hospital in Bombay (now Mumbai) in the 1960s. At the insistence of my friend, guide and philosopher, Dr Fazl Chhatrivala, I started attending the clinics at Tata Memorial Hospital on Saturday evenings. These were eye-openers. The auditorium of the hospital—now its library—was packed with others like me. On the stage were 3 teachers: the legendary Dr Ernest Borges, Dr Shirish Bhansali and Dr Praful Desai. In a practised sequence patients would be brought to the stage, on wheelchairs or on stretchers. The history was presented by the

resident doctor of the Tata Memorial Hospital. It was then discussed by one or more of the teachers. The patient would then be examined and the findings demonstrated and discussed. The audience was then asked to participate in arriving at the diagnosis, prescribing relevant tests and outlining the treatment. A bewildering number of patients with a wide range of surgically treatable diseases were discussed each week. It was a great intellectual treat for youngsters such as us.

After I was appointed a teacher at the K.E.M. Hospital—Dr Bhansali's *alma mater*—I met him from time to time and always found him courteous, willing to listen to what others had to say, even though they were much junior to him. When he spoke, it was after considerable reflection and his message made eminent sense.

When I appeared for a selection committee meeting at the Jaslok Hospital—where he was Director of Surgery—he was asked by the Medical Director to examine me. You cannot imagine the thrill I experienced when he said, 'I do not need to examine Dr Pandya. I have no doubt that he will prove an asset to this institution.'

Like Dr Shah, I too would encounter Dr Bhansali in the hospital corridors in the small hours of the night when I was called in during an emergency. He remained a source of considerable wonder for me. I knew of his cardiac operation but recognized that despite his illness and his seniority, he had far greater stamina than I possessed! He laughed when I commented on this.

I felt worsening pain in the para-scapular area one Sunday night in 2002. Never having experienced this earlier, I was puzzled. By midnight the cause was evident as progressively worsening tenderness developed in the right hypochondrium. Suspecting cholecystitis, I requested my colleague, Dr Ranjit Nagpal, to see if Dr Shirish Bhansali was in town and could see me. In a few minutes I was told that Dr Nagpal was bringing Dr Bhansali over.

Dr Bhansali gently brushed aside my apologies for disturbing him at that hour and got down to obtaining the history. He was especially careful to establish that I was not on aspirin, clopidogrel or drugs for the treatment of diabetes, cardiac or pulmonary illness. Examination of the pulse, blood pressure and auscultation of the heart and lungs followed. Only after these were done to his satisfaction did he turn to my abdomen. He confirmed my suspicion. A few seconds later he was on the telephone ensuring a bed in the hospital, talking to his resident doctor, summoning the experts on abdominal sonography and radiology, and getting them to reach the hospital immediately. Within minutes of reaching the hospital, I was in the sonography room where a solitary calculus in the terminal bile duct was seen to cause distension of the gall bladder and oedema of its walls. I was then taken to the X-ray department where films were exposed under Dr Bhansali's directions. Blood was sent off for tests. After studying the films, Dr Bhansali dictated the prescription on the medical chart. He saw me taken to my room. He stood by as an intravenous drip was put in place and antibiotics and analgesic injected. He then made certain that I had understood the instructions ('nil by mouth for 48 hours' and so on), ensured that I was in comfort and took his leave, comforting me with the knowledge that he would see me around 8 a.m. (3 hours later).

I was provided all his telephone numbers and asked to call him at any time if required. It is a tribute to the care given to me by him and other members of the team that I did not have to phone him at all. Needless to state, the operation for laparoscopic removal of the gall bladder, duct and stone went off well. After an uneventful postoperative 48 hours, I was sent home. You cannot imagine the comfort he provided by his calm, dignified and courteous behaviour and complete command of the situation at all times.

I was fortunate in having him as my surgeon. I know that several thousand others echo this feeling.

SUNIL PANDYA

Obituaries

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. 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