

success rates of interventions to improve maternal depression are increasingly being attributed to lack of efforts to engage fathers in the therapeutic process. Despite this evidence, a limited number of randomized controlled trials have evaluated the effectiveness of promoting father engagement in interventions to prevent postnatal depression. These studies suggest that inclusion of partners into additional antenatal educational and communication classes that teach partners about challenges of pregnancy, childbirth and postnatal adjustment, as well as provide couples with strategies to manage stressful situations, may be effective in preventing postnatal depression when compared to standard care.^{10,11} Due to methodological limitations, such as small and heterogeneous samples, high attrition and lack of appropriate control conditions, interpretation of these findings should be cautious. Nevertheless, this preliminary evidence offers promising avenues for design of future father-inclusive interventions to prevent postnatal depression. To date, the best evidence-based treatment for maternal postnatal depression is interpersonal psychotherapy (IPT), followed closely by cognitive behavioural therapy (CBT).¹² A recent adaption of IPT to include partners in the therapeutic sessions (partner-assisted interpersonal psychotherapy, PA-IPT)¹³ was found feasible and acceptable to mothers and their partners. Large randomized controlled trials are needed to evaluate the efficacy of such psychological interventions.

Summary

Parental depression during the perinatal period has wide-reaching implications for the health and well-being of children and parents, indicating a strong need for preventive and treatment interventions for families at-risk. Early interventions that engage fathers may improve mental health of the whole family through facilitating transition to parenthood, promoting parent–infant relationship, mutual support between partners and reducing parental conflict. They could also indirectly improve the mental health of fathers and increase maternal adherence to the intervention. Although several prevention and treatment programmes to enhance partner support have been developed, rigorous evaluation of these interventions is lacking. The majority of these interventions

provide limited opportunities for the active involvement of fathers and remain primarily focused on the mother while paternal needs remain overlooked. Future efforts should acknowledge the important role that fathers play in supporting the mother and promoting child development in the design of the interventions.

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Letter from Mumbai

MEDICAL RESEARCH IN INDIA

What is medical research? As commonly understood it refers to attempts made to advance knowledge on a specific topic or in a chosen field in medicine. Two examples: experiments or observations over time; the application of findings made in the laboratory to benefit patients in clinics and wards. The goal is to further the limits of current expertise and, if possible, point to avenues for further investigation or improved therapy. The emphasis is on science and not on individual.

Such research demands long hours of dedicated work, often with single-minded concentration on the topic being studied. The work of weeks or months may be nullified by the turn of one experiment and the work starts all over again. Worse, just as you

complete your studies, rejoice in the discovery of a nugget and prepare to put your findings on paper, you open the latest issue of the journal on your table to find that someone else has pipped you to the post.

Especially tragic is the discovery that your findings and conclusions, scientifically proven, are irrationally dismissed by the bigwigs in your field and consequently ignored by your colleagues and juniors. Semmelweis' work on puerperal fever is an outstanding example, especially heartbreaking as hundreds more delivering babies in teaching hospitals died needlessly. The British medical and administrative establishments in Bombay (now Mumbai) towards the end of the 19th century did not accept N.F. Surveyor's work on the plague in Bombay till Alexandre Yersin

and Waldemar Haffkine had confirmed it. Even then, the lion's share of the credit was given to those of European extraction. Paul-Louis Simond in Karachi made the discovery that fleas formed the link between infected rats and humans in the transmission of *Yersinia pestis*. Simond was of French extraction. Despite this—or perhaps because of this—the British in Bombay Presidency refused to acknowledge his findings for quite some time.

And yet, the spirit of exploration and the thrill of the search continue to stimulate many excellent minds with the resultant incremental growth in our understanding of medicine. The rare few are granted the privileges of path-breaking discoveries, some of which may be rewarded by recognition by bodies such as the Nobel committees. The vast majority rest content with their own satisfaction at having found answers to their questions.

What does it mean to do research in a medical institute in India? In a significant number of cases it means adding to one's list of publications to enhance *curriculum vitae* or prestige as a means of stepping up the academic ladder or indulging in the kind of one-upmanship that the late Stephen Potter delighted in exposing. The fact that many administrative heads insist on lists of compulsory publications annually is one stimulus for such activity.

Many have mourned the absence of quality in the midst of a large quantity of publications. I have chosen just one such commentary. The points made by Reddy, Sahni, Pande and Nundy in this *Journal* in 1991 retain their validity in 2016: 'Why is research in Indian medical colleges so poor?' Their analysis of causes remains unchallengeable and their suggestions for improvement remain unattended to.¹

Once upon a time, we bemoaned the lack of funds for research. The huge research outlays and grants made by the Department of Science and Technology, Department of Biotechnology and Indian Council of Medical Research (to name just three national funding agencies) show that this is no longer true. In fact, the administrative expenses of these three agencies themselves deserve a study!

Why, then, does medical research remain a cause for anxiety?

Mutual back-patting by members of the selection and advisory committees of these three funding agencies is not unknown. We have yet to see an objective cost-benefit analysis of the grants made by these agencies. When studied in terms of the practical benefits to Indian medical practices, genuine advancement of knowledge on the studied subjects and ranking according to international standards on medical research, the findings of such an analysis may prove eye-opening.

Even an analysis of members of influential committees that oversee and direct national research policies can be revealing. The Scientific Advisory Committee to the Prime Minister (sactopm); those at the helm of the Department of Health Research, Government of India; and at the three large research funding agencies referred to above also deserve study. Studying the website of sactopm, I was struck by the inclusion of several members who have retired as heads of institutions and departments and the director of a private healthcare centre. Restricting my comment to the field of medicine, it is a sad state of affairs that we cannot find anyone currently active in major research and development in our foremost public sector teaching institutions for appointment on this and other committees and that we had to seek the advice of someone in the private sector!

Are we truly favouring merit and merit alone in our major decisions pertaining to the planning and conduct of medical research? 'Proximity to politicians and bureaucrats or even worse influences are usually much more important.'¹

Our monitoring of 'research' in this country is abysmal. I need point to but one area—the use of stem cells in clinical practice. I wonder which enlightened country would countenance such a mushrooming of centres offering stem cell treatments for a bewildering range of hitherto incurable conditions at such high costs and with little fear of retribution.

There is no agency with powers to punish wrongdoers. Dhani Ram Baruah's transplant of a pig's heart into 32-year-old Purno Saikia in 1996 is still fresh in many minds. This operation proved fatal for Saikia. Baruah's punishment for carrying it out without published experimental data, without sanctions from national ethics and research agencies was 40 days in prison.³ He allegedly continues to treat diseases such as systemic lupus erythematosus and muscular dystrophy with claims of cure.³

As long as this state of affairs continues, we shall continue to witness research of poor quality and little relevance to our problems.

Readers with well-developed temporal lobes may recall a *Letter from Mumbai* on this topic in 2000.⁴ I am sorry to state that the observations made then stand true today, 16 years later.

WHY DO POSTGRADUATES NOT READ JOURNALS?

As medical students, our teachers taught us the differences between our 'story books' (the texts by Henry Gray, Cunningham, Ernest H. Starling, Samson Wright, William Boyd...) and journals. While the texts embodied facts collected over decades and even centuries, journals provided more recent coverage and highlighted current studies and novel findings. Topics of contemporary interest were found only in journals as were commentaries, editorials and reviews that rounded off our understanding of them. Journals also pointed to new books on selected topics with appraisals that helped the reader choose from them.

In the pre-photocopy era, countless notebooks were filled with references to key papers in journals, digested summaries and quotations featuring relevant texts. Illustrations posed formidable difficulties and many rested content with making crude line drawings from them while the wealthy photographed those of interest and made prints.

While the latest issues of journals of interest were eagerly looked for and studied, the wise students also went to the stacks, searching for the full texts of classic papers oft-quoted by authors of textbooks or by their professors.

Of late, I note a sea change in students' attitudes to journals—especially their printed versions. Many libraries now subscribe to electronic versions with facilities to download pdf files of selected papers. Search engines throw up only those papers that fit the reader's requirement. Pen drives and computer hard disks now replace the notebooks of yesteryear and fingertips are favoured instead of the first three digits that wielded pen or pencil. Illustrations pose no problems, Photoshop® making manipulations of drawings and images obtained on tests or at operation or on histology quick and easy.

All this led me to expect a vastly more learned group of students and residents—and this is, indeed, borne out as far as some aspects of their subjects of interest are concerned. They are better prepared on the latest guidelines, evidence-based decisions and intricacies of disease processes.

Venture into the fields of hypothesis, history, philosophy, ethics and accounts of pioneers in the field or how current knowledge was derived and you often encounter blanks. These are not relevant to the obtaining of huge quantities of marks in examination and are thus rendered unimportant.

I also note a dwindling inability at benefiting from serendipity. While we revelled in finding the original work by William Einthoven while searching for a current text on electrocardiograms or Osler's *Aequanimitas and other addresses* while searching for a textbook on clinical medicine, the present-day student fails to make such discoveries simply because he does not have a computer search facility for 'pleasant surprise'. (This is Horace Walpole's translation of the word *serendipity*. He had coined it from the tale of the Tamil princes of Serendip—now Sri Lanka.)

Indeed, the move from stacks to computers has resulted in a regrettable trend. Many librarians now disdain old books and journals and discard them as rubbish. They offer as justification, 'No one reads them. They are merely collecting dust.' I have been deeply saddened by the loss of historic journals and volumes that

have made way for cubicles to house even more computers for staff and students.

I fear that ere long, libraries themselves may lose their sheen as mobile smartphones with Wi-Fi internet connections provided by academic institutions make visiting them less and less rewarding.

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SUNIL PANDYA

Our group at the Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGI), Lucknow has been organizing workshops since 2010 on various aspects of clinical research, as part of an Indo-US collaboration. In continuation of the series, two workshops are planned in 2016 at SGPGI, Lucknow as follows:

- (i) Workshop on 'Writing a Scientific Paper', 13–15 May 2016
- (ii) Workshop on 'Basic Biostatistics', 26–28 August 2016

These workshops are meant for active biomedical researchers who hold faculty positions and are poised to lead or are leading clinical research studies. These interactive workshops will have both didactic and practical sessions. Around 30 applicants will be considered for each workshop.

Those interested in attending the workshop(s) should fill the application form (which asks for a summary of experience and expertise in clinical research available at <https://sites.google.com/site/spggimsnihcourses/>) and send it as an email attachment to sgpgi.courses@gmail.com. The last dates for applications for the above courses are 20 March 2016 and 30 June 2016, respectively. A selection committee will screen the applications and notify successful participants about 5 weeks in advance of each course.

The National Institutes of Health, USA provides funds to partially support the costs of course material and venue for the conduct of these workshops. The registration fee is ₹5000 for participants who require accommodation (includes twin-shared guest house accommodation and all meals on all days). Those who plan to arrange their own accommodation will need to pay a registration fee of ₹2000. Participants are expected to pay (by electronic bank transfer) the registration fee soon after the intimation of selection.

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