

OBITUARY

Dr R R Tongaonkar (1939 – 2020)

SANJIB MUKHOPADHYAY

achieving pregnancy.

It was November 2004. I was at Sivakasi, Tamil Nadu, to attend the Association of Rural Surgeons of India (ARSI) conference. "Hello, Dr Mukhopadhyay!"... I looked back...it was Dr Ravindranath Ranganath Tongaonkar – a "young" surgeon in his late sixties who wanted to know from me about how puncture cauterising ovaries during laparoscopy can help women with polycystic ovaries in resuming ovulation and

Such was his zeal for knowledge even in areas well beyond his own speciality, general surgery, if it can help the common people – especially those who live far away from the glittering cities of India – the people who live in "Bharat".

Lying in a hospital bed in Nasik, suffering from multiple organ failure- a sequel of Covid 19 infection – he himself refused multi- gadgetary intervention as a part of his treatment, and wished to be left alone for a peaceful death. And he breathed his last on September 7, 2020. As a doyen of rural surgery, he almost single-handedly tried to render surgical service to the poor village folk of north-western Maharashtra for more than four decades. The death of Dr Tongaonkar reminds me of a very famous saying - "Not all deaths are the same". In his death, the poorer counterpart of India that is called "Bharat" has lost a champion of low-cost surgical treatment for the poverty-stricken rural masses deprived of state-managed health facilities.

Born in 1939 to a lower middle class Gandhian father and a teacher mother, brought up in a remote village, Dondaicha, of Dhule district, he always attributed his creed of "simple living and high thinking" to his upbringing. A student of the Marathi (vernacular) medium, after passing out of Pratap College, Amalner, – a"silly rustic boy" (as he preferred to call himself) entered the vast and beautiful premier institute of BJ Medical College, Pune, in 1958.

He struggled to continue his studies in medicine while living on a stringent budget, but nothing could really deter him from scoring gold medals in most subjects, and getting scholarships which relieved his economic hardship to some extent. Dr Tongaonkar graduated with the unique feat of receiving gold

Author: **Sanjib Mukhopadhyay** (sanmukh48@gmail.com), Gynaecologist and Obstetrician and Member, Governing Council, Association of Rural Surgeons, Kolkata, INDIA.

To cite: Mukhopadhyay S. Dr RR Tongaonkar (1939 – 2020). *Indian J Med Ethics*. 2021 Apr-Jun; 6(2) NS: 184-185. DOI: 10.20529/IJME.2021.010.

Published online first on February 19, 2021.

© Indian Journal of Medical Ethics 2021

medals in all his subjects. Following graduation, he decided to set up medical practice at his native place. It was his conscious decision to go in for post-graduation in general surgery. In the 1960's and 70's, it was almost unthinkable for rural patients to get surgical service, except at the district or sub-divisional levels and especially at government facilities. Poor village people had no choice but either to sell their property (whatever little they had, mainly cultivable land) to go to the big towns for surgery or to simply resign themselves to their fate.

Dr Tongaonkar knew that practising in rural areas requires even a surgeon to be a "jack of all trades". So he never neglected the different departmental postings during his internship to learn different specialities, especially to get hands-on training. His determination to settle in a remote rural area pushed him to find a bride who necessarily had to be a "medico". Otherwise, she might have felt bored and not been able to be a part of his mission to become a rural surgeon.

The story of the next 50 years at Dondaicha – the native village – is that of Dr. Tongaonkar building up his (serving) empire practically from naught based on his dedication, determination, hard work and tremendous love and respect for the poverty stricken, illiterate people of this great country. At every step, he had to think, plan and execute in such a manner that the facility was affordable for his patients and simultaneously, safe for them. To attain this, he taught himself every possible speciality, eg anaesthesia or obstetrics, till another trained person in his family became available. He never shied away from taking training in different techniques of surgery, even at an advanced age, from experts in other cities of India.

Beginning from a place of work rented at Rs 250 a month, he gradually grew in experience, built up an army of caregivers including non-medical persons. He trained and entrusted them with fixed responsibilities like running the laboratory, getting X-rays done, or assisting at the operation theatre. However being a rural doctor, he never lagged behind in constantly updating himself about the newer avenues of medicine coming up – through attending conferences, reading journals and newer editions of textbooks.

Being somewhat disgusted with the mainstream association of surgeons of India, he was instrumental along with a few others, in setting up the Association of Rural Surgeons of India in 1992. This was a unique association of medical professionals of this country. At its annual conferences there was no sponsorship from any pharma company, all delegates bore their own costs and to top it all, there was "no cocktail dinner".

The doctors working in remote, difficult rural facilities were traced, made members, provided a platform, and encouraged to share their experiences. Doctors who had come out with



some cost effective therapy or developed some gadget innovatively were rewarded.

ARSI took the initiative and later along with some other countries in Africa and Europe formed the International Federation of Rural Surgery. Two innovations attracted Dr Tongaonkar. The first was Unbanked Direct Blood Transfusion (UDBT). It was a life saving measure where there was no blood bank. Taking blood from the attendants of the patient, after cross matching and testing it to rule out certain infections, it was transfused directly into the patient's body without the necessity to store it. He almost singlehandedly spearheaded this movement. Later, the highest court of this country issued an order against this practice, thus posing threats to the lives of millions of people in need of blood transfusion in remote places. He fought for it throughout his life and only due to his undaunted zeal, the Supreme Court has agreed to hear the case again after the concerned people in the central government were convinced of its need.

Another achievement of Dr Tongaonkar was the introduction of the ordinary mosquito net as a mesh to repair hernias, thus reducing the cost to one-tenth. In 2000, taking a cue from another rural surgeon, Dr Brahma Reddy of Andhra Pradesh, he undertook a detailed study on this, which came out as low density polyethylene (LDPE). This net could be bought in local markets and can be used as a mesh for hernia repair at a much lower cost, compared to the conventional one marketed by big multinational houses. He standardised it

from the safety aspect and started using it from 2003 onwards. In 2009, he was invited to present his paper at the 4th World Congress of Hernia Surgery in Berlin. Later, this innovation was awarded the first prize in the World Innovative Summit on Health in Doha, Qatar, in 2013.

Such was the illustrious life of this exemplary person of our time, whom perhaps many of us aspired to emulate, but couldn't. He was unique in many respects. The ethical benchmark for him was very simple—"Are you going to use the same thing on your near and dear ones? If the answer is negative then it is not ethical." His quest for the eternal answer to what is right for human existence took him on the search for God and Soul. He travelled to places — met different personalities, ultimately settling for atheism for the rest of his life. Being encouraged by social activist. Dr Narendra Dabholkar, he was drawn to the activities involving the eradication of superstition and blind faith and thus inculcating a scientific temperament. He was President of the Dhule-Nandurbar unit of the Maharashtra Andhashraddha Nirmoolan Samiti (the Committee for the Eradication of Blind Faith)

He breathed his last on September 7, 2020, leaving behind his wife and three children as the immediate family members. But he left behind a void in the much larger family of poor citizens of this country in need of surgery, the group of ethical practitioners of medicine, and the people at large who wish to pursue the path of science in spite of so many obstacles.

FORM IV

Statement about ownership and other particulars about newspaper (Indian Journal of Medical Ethics) to be published in the first issue every year after the last day of February

1. Place of publication: 18, Nav Bhavna Premises Co-op Society Ltd, 422 Veer Savarkar Marg, Prabhadevi, Mumbai 400 025, Maharashtra.

2. Periodicity of its publication: Quarterly

3. Printer's Name: Dr Sanjay S Nagral

Nationality: Indian

Address: 18, Nav Bhavna Premises Co-op Society Ltd, 422, Veer Savarkar Marg, Prabhadevi, Mumbai 400 025, Maharashtra

4. Publisher's Name: Dr Sanjay S Nagral

Nationality: Indian

Address: 18, Nav Bhavna Premises Co-op Society Ltd, 422 Veer Savarkar Marg, Prabhadevi, Mumbai 400 025, Maharashtra

5. Editor's Name: Dr Amar Jesani

Nationality: Indian

Address: 18, Nav Bhavna Premises Co-op Society Ltd, 422 Veer Savarkar Marg, Prabhadevi, Mumbai 400 025, Maharashtra

6. Names and addresses of individuals who own the newspaper and partners or shareholders holding more than one per cent of the total capital: FORUM FOR MEDICAL ETHICS SOCIETY, registered under the Societies Registration Act, 1860, bearing Registration No 218, 1995, GBBSD, Bombay (Mumbai), Maharashtra

I, Sanjay S Nagral, hereby declare that the particulars given above are true to the best of my knowledge and belief.

F

Date: April 20, 2021 Signature of Publisher