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Title	The statue of Saroj Gupta (1929–2017)
Type	Article
URL	<a href="https://clock.uclan.ac.uk/49778/">https://clock.uclan.ac.uk/49778/</a>
DOI	##doi##
Date	2023
Citation	Maudidi, Syed Yusuf, Bharadwaj, Hareesha Rishab, Javed, Mahnoor and Dalal, Priyal (2023) The statue of Saroj Gupta (1929–2017). Journal of Medical Biography . ISSN 0967-7720
Creators	Maudidi, Syed Yusuf, Bharadwaj, Hareesha Rishab, Javed, Mahnoor and Dalal, Priyal

It is advisable to refer to the publisher's version if you intend to cite from the work. ##doi##

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# The statue of Saroj Gupta (1929–2017)

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Mahnoor Javed<sup>3</sup> , and Priyal Dalal<sup>4</sup>

Saroj Gupta was born on 5 December 1929, into a middle-class family in the northern part of Calcutta, India.<sup>1</sup> He pursued his higher education at Calcutta University, graduating with an MBBS degree in 1955.<sup>1</sup> Soon after, in 1956, he joined the Chittaranjan Cancer Hospital as a Consultant Radiotherapist. Building on his experience, he completed a Diploma in Medical Radiology and Electrology from the same university in 1961.<sup>2</sup> Seeking to further his expertise, Dr Gupta travelled to the United Kingdom, and obtained a Diploma Course in Medical Radiation Technology in 1963. He further obtained another Diploma in Medical Radio Diagnosis from the Royal College of Surgeons in 1964. Subsequently, in 1965, he became a fellow of the Royal College of Radiologists.<sup>2</sup> Equipped with years of experience and academic achievements, Gupta returned to India and joined the Ramakrishna Mission Seva Prathisthan Hospital the same year.<sup>2</sup>

The state of health affairs in the eastern regions of India in the 1960s was that of continual advancement and development, but yet suffered from a significant mismatch of supply and demand. Post-Independent Calcutta (now Kolkata) had seen the rapid advent of cancer care centres. For instance, the Chittaranjan Cancer Hospital, where Dr Gupta initially worked at, was particularly revered for the usage of deep X-ray machines and radium for radiotherapy and was also known to possess an arsenal of eminent surgeons that performed radical surgeries.<sup>3</sup> In addition, it was also revered for the installation of the first telecobalt machine in eastern India.<sup>4</sup> Despite this, the region suffered a severe shortage of medical facilities and institutions where cancer could be diagnosed. There was a significant lack of knowledge and skills to diagnose cancer amongst native Indian doctors. Cultural habits at the time prevented the usage of evidence-based medicine (societal norms actively discouraged the usage of ‘Western’ medical treatment, favouring the usage of homeopathy and Ayurveda, which did not have a proper evidence base). In addition, there was a severe lack of knowledge amongst the native population regarding cancer, its diagnosis and management. Consequently, the burden of cancer continued to grow.<sup>5</sup>

The incidence of cancer was rampant in the region and the country. A seminal report carried out by Megaw and Gupta revealed that breast cancer was the most predominant cancer at the time, followed by mouth cancer, uterine cancer, skin cancer and gastric cancer.<sup>6</sup> Similarly, a landmark study conducted by Nath and Grewal, funded by the

Indian Research Fund Association revealed that no community or region of India was free from cancer.<sup>7,8</sup> Furthermore, the Indian Medical Review of 1938 revealed that there was significant evidence of a heightened morbidity and mortality of cancer, and advised all physicians in the Indian Medical Service to take the threat of cancer seriously.<sup>9</sup> Similar voices were also echoed by the Health Survey and Development Committee of India (commonly called the Bhole Committee) which denoted that the threat of cancer in the country was significant.<sup>10</sup>

A myriad of disparities permeated the landscape of cancer care in India. These were particularly rampant amongst patients from rural areas, who were commonly denied hospital beds despite travelling great distances to seek cancer care due to non-availability and lack of capacity to fund treatments, an observation which was very keenly made by Dr Gupta.<sup>2,3</sup> Consequently, these individuals would receive treatment only when their cancer had advanced, often leading to fatal outcomes. Recognised as an exceptional clinician, Gupta felt compelled to do more to improve cancer treatment in his community.<sup>2</sup>

In 1973, he established a society consisting of doctors, social workers, and philanthropists with the aim of establishing a cancer centre that would prioritise treatment for those lacking access to such services. Through the generous donation of 16 acres of marshy land by the family of Chintaharan Das, he secured a site for his operations.<sup>11</sup> With the team and location in place, funding was the next crucial step to initiate the project. The first fundraising event was a drama called ‘Karkat Lagna’, performed by the Sikha group. The play, based on a story written by Dr Gupta himself, depicted the journey of a poor cancer patient (played by Dr Gupta himself) who was denied a bed at the city hospital.<sup>12</sup> After the play it was said many in the audience were moved to tears upon witnessing the story of a man who had travelled a great distance only to

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**Figure 1.** Statue of Dr Saroj Gupta in Kolkata, West Bengal, India.<sup>16</sup>

be refused treatment. Following this event, numerous individuals joined the society and furthered the vision of the cancer centre.<sup>11</sup> Dr Gupta's relentless efforts, coupled with the support of various individuals ranging from school children to celebrities, resulted in the establishment of a small hospital with 25 beds.<sup>12</sup> The institution, named the Saroj Gupta Cancer Centre and Research Institute in his honour, would provide life-saving cancer care, with a particular focus on individuals hailing from disadvantaged communities and backward castes who often had no other

recourse to treatment. The institution initially contained surgical theatres and wards with beds.<sup>6,11,12</sup>

Gradually, throughout the years, as the patient load increased and the fame of the institution spread, donations continued to pour in. The hospital gradually expanded from 25 to 254 beds, and over the next three decades, it grew substantially into a 311-bedded hospital dedicated to oncological treatment. In addition, besides adult cancer care, it also developed a dedicated paediatric unit, as well as evolving to become a centre for cancer research,

contributing a wealth of articles to the literature. Despite its focus on serving the most vulnerable in society, the institution did not compromise on quality. Contemporaries described Dr Gupta as a ‘visionary’ who ‘realised that cancer treatment had to be different and incorporate mental support for patients and their families’.<sup>12</sup> As a result, the hospital was built to include a park with gardens and ponds to make the hospital more than just a ‘brick-and-mortar structure’.<sup>12</sup>

The institution has evolved to develop a dedicated cancer-pathology unit, a state-of-the-art radiology department, a centre for minimally invasive surgery, a regional radiation and nuclear medicine unit and a cardiology unit specialising in cardiac oncology care. Through the years, numerous donations have allowed the institution to obtain two linear accelerators, two telecobalt machines and an HDR brachytherapy machine, rendering it capable of performing conformal, intensity-modulated, image-guided, stereotactic, intracavitary and interstitial radiotherapies, in addition to providing radio-iodine therapies, endoscopies, bone-marrow transplants and psychiatric support units.<sup>11–13</sup> The outcomes of the institute have shown exponential development from its humble beginnings. Through the development of a dedicated research-oriented culture, the researchers from the institute have conducted a plethora of studies spanning the domains of cancer pathology, diagnostics and nuclear medicine, with manuscripts being published in reputed journals, including the *Annals of Oncology*, the *Journal of Clinical Oncology* and the *Lancet*. Dr Gupta’s efforts have also allowed the institution to foster national collaborations, such as with the Indian Atomic Energy Regulatory Board, Anna University and the Tripura Institute of Paramedical Sciences, as well as international collaborations with the Gano University in Bangladesh and University College London, facilitating continued research in clinical trials.<sup>12,13</sup> Consequently, this institution, meticulously carved by Dr Saroj Gupta has received recognition from the World Health Organisation and the Union for International Cancer Control.<sup>13</sup>

Amidst these achievements, Dr Gupta was known for his down-to-earth nature and fine sense of humour. He had diverse personal interests, ranging from composing music and directing films to playing tennis and writing stories. He produced five documentaries in collaboration with the WHO, and following his death in 2017, ten of his short stories and dramas were published posthumously.<sup>5</sup> He was awarded the Padma Shri, the fourth highest civilian award in India, and was honoured with the title of the Sheriff of Kolkata.<sup>14,15</sup>

Dr Saroj Gupta’s impact will resonate for generations to come. Through his transformative efforts, he revolutionised the delivery of oncological treatment in India at a time when ‘private healthcare was still in its nascent stage’.<sup>3</sup> It was said that ‘Cancer treatment was a sacred mission for him’ and his legacy is a testament to his successful pursuit of that task (Figure 1).<sup>11,12</sup>

## Declaration of conflicting interests


The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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