

The 7th Death Anniversary of National Professor Dr Mohammad Ibrahim & Diabetic Service Day

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A Life Sketch of Dr Mohammad Ibrahim

One of the best physicians of the country, researcher and social worker Dr Ibrahim was born in Kharera village of Bharatpur Union of Murshidabad district of the undivided India on December 31, 1911. He had earned fame and recognition at home and abroad for his contribution to the health care delivery to the diabetic patients in Bangladesh.

Dr Mohammad Ibrahim started his career as a doctor after receiving MB in 1938. During 1938-47, he worked as House Physician, Emergency Medical Officer and Senior Demonstrator of Practical Pharmacy and Resident Physician at the Calcutta Medical College.

He received the MRCP degree from the UK in 1948 and the FCCP from the USA in 1950. He was appointed as the Principal of Sir Salimullah Medical College in 1962 and was the Professor of Medicine in that College. He was also appointed Fellow of Pakistan College of Physicians and Surgeons (FCPS) in 1962. In 1967, he was appointed as Fellow of the Royal College of Physicians (FRCP) in London. He was elected as Fellow of Bangladesh College of Physicians and Surgeons in 1972.

After partition, he simultaneously worked as the Civil Surgeon of Chittagong District, Superintendent of Chittagong General Hospital and teacher of medicine at the Chittagong Medical School and Hospital.

In 1950, he was the Additional Physician of Dhaka Medical College and Hospital and later became Professor of Clinical Medicine and Medicine. In 1964, he was appointed as Director of Karachi Postgraduate Medicine Centre and was Professor of Medicine. He was Chairman of Pakistan Medical Research Council and Chairman of Pakistan National Science Council in 1969.

He founded the Pakistan Diabetic Society on February 28, 1956, in Dhaka. While living in Karachi, he had also founded two separate Diabetic Societies in Karachi and Lahore. In 1968, he established the Applied Nutrition Research and Training Institute in Jurain.

After his retirement from government service, Dr Ibrahim became Presidents of Diabetic Association of Bangladesh and Bangladesh Association of scientists and scientific professionals in 1972.

Prof Ibrahim joined the Advisor's Council of President Ziaur Rahman in 1975 as an Advisor in charge of ministries of Health and Family Planning, Social Welfare and Labour and Manpower. He had the status of a full Cabinet Minister. He was elected as the President of Bangladesh College of Physicians and Surgeons in 1976. The Islamic Academy of Science in Jordan elected him as Fellow in the same year. He became the President of Bangladesh Institute of Geriatric Medicine and Research in 1978.

In 1981 he became the Chairman of Bangladesh Academy of Sciences. He was elected member of the Academic Council and Senate of the Dhaka University in the same year.

Prof Ibrahim became a member of the Management Council of the International Diabetes Federation in 1982. He was also the President of Bangladesh Association of Retired Government Officials for a long time. During this period, he became a member of Bangladesh National Science and Technology Council and was appointed as Visiting Professor of the Council.

The Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders (BIRDEM), established by Prof Ibrahim in the 70's has become a highly acclaimed institution at home and abroad. It is now regarded as a model institution in this field in the South Asia. It is also recognised as an Collaboration Centre of the World Health Organisation (WHO). Dr Ibrahim was elected as a member of the Executive Committee of the International Federation of Ageing. He was appointed as National Professor in 1984.

Prof Ibrahim was awarded 'Sitara-e-Khidmat' title in 1963 for his outstanding contribution to medical sciences. He also received the Independence Day Award for medicine in 1978. He received a Gold medal from Begum Zebunnesa and Kazi Mahbubullah Public Welfare Trust in 1981. In 1983, BIRDEM was awarded the Independence Day Award for its outstanding performance in social welfare and medical care.

Prof Ibrahim also received the Mahbub Ali Khan Gold Medal in 1985, Comilla Foundation Gold Medal in 1986, Khan Bahadur Ahsanullah Gold Medal in 1987 and Islamic Foundation Gold Medal in 1989.

Curtain fell on the distinctive career of Dr Ibrahim on September 6, 1989, when he died.

BE INFORMED ABOUT DIABETES KEEP DIABETES UNDER CONTROL

Diabetes is an endocrine disease. It does not allow the body to control and/or regulate the amount of sugar in the blood. Consequently, the sugar level in the blood increases for extended periods of time.

The reasons why diabetes may become acute:

- Not having a regular and controlled diet
- Lack of physical exercise
- Suffering from certain viral diseases
- Worrying too much
- Surgery or injury
- Pregnancy

Some of the problems that may manifest themselves if diabetes is not kept under control:

- Kidney failure
- Blindness
- Paralysis
- Gangrene
- Birth of premature or still-born babies
- Impotency

Symptoms of diabetes:

- Excessive urination
- Increased thirst
- Increased hunger
- Loss of weight
- Physical weakness

Go to your doctor or the nearest Diabetes Center at the first sign of any of the above symptoms of the disease.

A DISCIPLINED LIFE IS AN EXCELLENT METHOD OF CONTROLLING DIABETES

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Elements of legend : Dr Ibrahim

Shawkat Osman

I can not exactly remember when I met Dr Ibrahim. The Diabetic Association was in its infancy in the 50's. A few tin-roofed abodes were all it had. It is hard to imagine that today's BIRDEM with all its modern facilities had started its journey from so little.

The late journalist Abdul Gani Hazari was involved with the Diabetic Association in the early times. It was through him that I came to know Dr Ibrahim. He had a soft corner for writers, poets and journalists. So, in no time our acquaintance turned into friendship. Even his being older by a few years was no factor in our relationship.

I think it was from his weakness to the artistic faculties of human beings that he chose a poet as the Co-ordinator of BIRDEM. Renowned poet Abul Hossain is related with Dr Ibrahim's creation - BIRDEM. Another name, Ahsan Ahmed Ashk, a famous professor and organiser of newspaper is also closely involved with BIRDEM. And so am I, which can only be explained by his love for literature.

We did not see each other very often. But words of his works would reach me regularly. The motto of every physician should be "Against the death, in support of life". Unfortunately, many do not take their profession as a mission. There are reasons for this. The doctors came into close contact with the western consumerism. The modern consumer gazettes capture their psyche. They forget their motto and strive to earn the money to possess the tools of modern living. But Dr Ibrahim is a different man against this standard. He becomes a role-model to be

followed. He is an unmatched founder of an institution that has seen revolution within decades. For four long decades he had not lost his patience and determination to reach the ultimate goal. One never finds a levelled playfield in his endeavour to build an institution. Frustrations and fatigue may come, but they had been overcome by Dr Ibrahim.

I was once sick with rheumatic fever in 1987 and had to stay at BIRDEM for three weeks. I will never forget Dr Ibrahim's involvement with the patients from the arrival at the hospital to taking them to their beds in wheel chairs. It gave me the chance to see him from a closed quarter. He was then in his 80s, but never defaulting in his duties. He would reach the hospital exactly on time, do with the administrative works quickly and then would go on the round along the wards.

The immaculate cleanliness of the hospital represents what a hospital should be like. He had lost his beloved son in a car accident in the USA. But this agony of losing a child could not deter him from his determination and duties.

I still remember my days in BIRDEM with both happiness and sorrow. Everyday, Dr Ibrahim would come to me, sit beside my bed and inquire about my health. I was then fully recovered, waiting to go home. But Dr Ibrahim's anxiety for my health would not go. It is my appeal to the Associates of Prof Ibrahim that they take initiatives to write his complete biography. A poverty stricken country like ours needs heroes. Dr Ibrahim possessed the elements of that legendary hero. That is why it is necessary that his biography be written.

DIABETIC ASSOCIATION OF BANGLADESH PAST AND PRESENT

I was 40 years ago on February 28, 1956 that a group of farsighted doctors and social workers met at Dr Ibrahim's house at Segun Bagicha in Dhaka. He was then the Professor of Clinical Medicine in Dhaka Medical College. Those who attended the meeting were Begum Dosani, Miss Tahera Farid, Miss Ayesha Khatun, HH Nomani, AM Salimullah Fahmi, Dr Shamsul Haq, Dr Musa Chunnan and Dr Md Ibrahim.

Dr Ibrahim discussed about the deleterious effects of diabetes and the importance of regular social and medical assistance to prevent the disease. At the same time he talked about the need to establish an Association for the diagnosis and control of the disease and for rehabilitation of the patients.

A six member Governing Committee was formed to start the preliminary works. The members were Begum Dosani (Chairman), AM Salimullah Fahmi (Convener), Tahera Farid (Joint Convener), Abdul Wahed Boksinagari, MLA, Prof Shamsul Haq and Dr Musa Chunnan (member). AM Salimullah Fahmi was asked to formulate Constitution for the Association. Dr M Ibrahim left a room of his residence for the organization.

In the same year on April 24, announcement about the society was formally made in an extended meeting, presided over by Major Dabiruddin at Jatiya Press Club. Dr Ibrahim discussed the importance of proper care and treatment of the diabetic patients and the role of the organization. Some aims and objectives of the Association were adopted in the meeting.

The aims and objectives were:

- To educate and train people on diabetes, to hold seminars and symposiums on the disease, and to publish magazines and to prepare audio-visual materials about the disease.
- To set up hospitals for treatment and for giving advice to diabetic patients.
- To develop indigenous medicine for treatment of diabetes and to initiate research on the disease.
- To provide vocational training to patients, to rehabilitate them and to provide them with jobs.
- To undertake all kinds of activities to serve the

diabetic patients.

The first general meeting of the newly formed Diabetic Association of Pakistan was held at the Dhaka Press Club on May 21, 1956. The first Working Committee of the Association was formed in that meeting. Since 1956, the Association has been working towards achieving its goal. Its activities are expanding day by day starting from a tiny tin-shed house. The Association has now three buildings in Shahbag area, thousands of patients are being treated at this hospital. With the dedication and work of about 200 devoted volunteers, officials, doctors, advisors and researchers, this organisation has earned prestige and fame both inside and outside the country. The Association is not centred round its headquarters, but it has now 39 branches all over the country serving more than 50,000 patients. Diabetic patients get diagnostic facilities and primary health care from these centres.

To cope with the increasing number of patients, the Association has undertaken a number of projects in recent times including introducing double shifts at the BIRDEM hospital from morning to evening. Efforts have been taken to start ten more diagnostic centres having outdoor facilities in the city to reduce pressure on BIRDEM and to serve people in their own locality. Three centres in Keraniganj, Mirpur and Jurain have already started functioning. The diagnostic facilities will be spread throughout the country under the National Diagnostic Network (NDN). This network will function in co-ordination with the branches of DAB. Utmost importance is now given on the activities of the branches and the government has also extended help in this regard. A Master plan has been formulated to set up more branches in the country and to establish hospitals of different capacities in the Branches. Initiatives have been taken to set up an Educational Institute called Bangladesh Institute of Health Sciences (BIHS) to create qualified and skilled manpower in basic biomedical sciences, clinical sciences, allied health sciences and nursing. This Project is now under the active consideration of the government.

DIABETIC ASSOCIATION OF BANGLADESH

National Prof. Dr Md Ibrahim the way I saw him

National Professor Dr Nurul Islam

I took admission at the Calcutta Medical College in 1945. Shortly, I was feeling sick from excess of academic works. One day, I went to see the famous Professor of Medicine Dr Moni Dey at his office. Prof Dey advised me to go to the Resident Physician at the Out-patient Department of the hospital (If need be, he said, the resident physician would refer me to Prof Dey). The next day at the Out-patient Department, I came to know that Dr Ibrahim was the Resident Physician of the hospital. He called me for a check-up. When I told him about Prof Dey's advice, Dr Ibrahim smiled, "You have moved in a wrong way. You should have come to me first."

Dr Ibrahim had me examined thoroughly and arranged for some tests. After looking into the test results he gave me a prescription but did not advise me to see Prof Dey. It is how I first came to know Dr Ibrahim in Calcutta in 1946.

After the partition in 1947, he came back to take over a number of posts in Chittagong including Civil Surgeon, Superintendent of Medical School and General Hospital and In-charge of Port Hospital. Shortly after settling down in Chittagong, he got involved in a number of activities. It was under his initiative that a boundary wall was erected round the Chittagong General Hospital atop a hill. Later, I went to London for higher studies at a tuberculosis hospital and a specialised hospital in 1955. The physicians of these hospitals had spoken highly of Dr Ibrahim.

When I joined the Dhaka Medical College as Associate Physician, Dr Ibrahim was the Professor of Clinical Medicine. Here, I came to know him closely. Dr Ibrahim always preached about disciplined life. He was strict about timely attendance in the hospital, regular teaching in the class, discussion on articles published in foreign journals and attendance of clinical meetings. He used to take special care for each student. His way of life inspired me in

performing my duties. It was under the inspiration of Dr Ibrahim that the Tuberculosis Rehabilitation and Training Centre at 9 Avoy Das Lane was established under the PL-480 aid. During my service at Dhaka Medical College I have known Dr Ibrahim as a very active social worker. He always included me in his activities. He would always pamper me with platitudes in front of others. In fact, he could never look down on anyone. He could never be rude even to his known enemies.

I have also seen Dr Ibrahim's efficiency at the Jinnah Post Graduate Medical Centre in the then West Pakistan. As a professor he used to hold daily meetings with all officials every morning. This used to be a audit meeting of the previous day. After that every body would go to his own work. It was his personal initiative which started the Pakistan Diabetic Association.

After he returned to Bangladesh in 1972, he set himself to developing the Association. The BIRDEM bears the testimony to his untiring endeavour to work for the betterment of the diabetic patients of country. He had overcome all odds with his strong determination.

He always patronised education and research works, and admired people dedicated in these activities. I have worked with him in different education and research organisations, and I was also involved with many of his activities. Dr Ibrahim had a deep involvement with PG because of his love for higher education and research.

He often faced difficulties in his profession. But his faith in the Almighty gave him all the courage to fight these odds. He had deep love for his country and that is why he had dedicated his last days to the service of this land.

Dr Ibrahim is no more, but he will live in his works for ever.

(Selected parts of the writing)

Diabetic Association of Bangladesh has earned national and international reputation by arranging basic health care of a vast number of diabetic patients. But, so far, theoretical analysis of the factors which led to its success has not been done in an organized manner. Recently few steps in this direction have revealed that, in addition to the practical success, the activities of the Association has created a unique Model for overall health care delivery particularly in developing countries. In the memory of Late National Prof M Ibrahim—the Founder of the Association—the Model has been termed as the Ibrahim Model. In our opinion, this experimental model should be considered with special importance when designing health policies in developing countries like ourselves.

The central feature of Ibrahim Model is the redistribution of health care resources among the different socio-economic strata of a country through a mechanism of total and voluntary participation of the community. This is not a simple matter of cost-sharing. The suggestions of graded cost-sharing by consumers in the health sector is not entirely new. In fact many international organizations including the World Bank have been suggesting this to the governments of the developing countries. But, Diabetic Association of Bangladesh, in a limited scale, has already made it possible not through any legislative action but through the motivation of the people in the community. From the very beginning, Dr Ibrahim and a group of innovative and socially dedicated persons, developed an organization which gave utmost importance to the ideas and experience generated from our own society. Not only in case of the central organization, but also in case of branches this attitude of community participation played the highest role.

Thus the branches of the Association have grown as completely autonomous bodies where the initiative and participation of the local community are treated as the main resource. The branches are only affiliated to the Centre, those are not controlled by the Centre.

The infrastructure of BIRDEM - the central institute of the Diabetic Association of Bangladesh - has developed almost completely at a government cost. It can be proudly said that, apart from some research projects granted on international competition, the Association has taken no money directly from the foreign donors. Whatever foreign help has come to the Association, it has come either through the Ministry of Social Welfare or through the Ministry of Health and Family Welfare. Due to this policy, the Association has enjoyed full freedom in planning its operational and technical priorities. Help from few external advisors have been taken, but they have only supplemented the internal policies - they have never dictated the policies. This is an organization which have been created by the talent and resources of our own country.

The Ibrahim Model considers government support as unavoidable in case of infrastructure development. However, in the long run, there should not be any dependence on the government for recurring expenditure. In the financial year of 1994-95 the total expenditure of the Association was about Tk 21 crore. Of this amount, the Association has been able to generate about Tk 15 crore through its own effort the rest of the amount has been provided mainly by the government. The total expenditure and the internal resources in 1990-91 were about Tk 8 crore and 5 crore respectively. This proves that, even in the face of 3 times expansion in 5 years, the Association has number of researchers from abroad (both from developed and developing countries) are also taking part in collaborative research at BIRDEM. Due to the academic atmosphere at BIRDEM the best physicians and researchers of the country are now attracted to be attached with this institute. Various Projects of the Association are also attracting many Bangladeshi professionals living abroad. To us this reversal of brain drain is an important contribution of the Ibrahim Model. As the part of a more organized approach in this direction the Association has recently initiated a Project named as the 'Bangladesh Institute of Health Sciences (BIHS)'. The objective of the

been able to generate resources proportionately. In the generation of internal resource grants, donation, lottery etc must play a major role. They mainly helped in publicity and mass communication. Continuous generation of substantial amount of resources is only possible through selling of services. To be successful this service must be of high quality, and although there will be a touch of professionalism in this care there must also be an effort to create a value of social cooperation when delivering such service. This aspect has always been given the highest priority in the activities of the Association. Both among the doctors, officers and employees of the Association and among the patients the ideals of social service initiated by Prof M Ibrahim and his associates are being continuously promoted. Most of the people receiving dedication from the different projects of the Association on payment do not feel that they have just bought it commercially, but they have a feeling of satisfaction for participating in a social welfare activity.

Another important aspect of the Model is its holistic approach towards health service delivery. In addition to the usual medical care it gives equal importance to health education (including nutritional education), social welfare assistance and, in necessary cases, rehabilitation. Also from the decentralization aspect the Association has taken this totalistic viewpoint. In addition to hospital based treatment facilities a Project named National Diagnostic Network (NDN) has been recently taken through which it has planned to take diagnostic services as closer to the people as possible. Even from a qualitative viewpoint the multi-dimensional nature of the activities of the Association is evident. The Out-patient facilities in the Branches and in BIRDEM and NDN Centres provide

primary care to the patients. BIRDEM and some branches also provide secondary care. Lastly BIRDEM has grown as a Centre of Excellence which has arrangements for tertiary care. Division of such well-defined levels of care in the health sector and creation of a well-designed referral system through an organic relationship among components are vitally important for developing countries. This kind of referral system, with both upward and downward streams, makes the optimum use of the limited manpower and other resources possible.

In ultimate analysis qualified and skilled manpower is the greatest of all resources in any society. Without a method for continuous generation of such manpower no health care system can be successful. Higher education and research are universally accepted methods for generating such manpower. Unfortunately in most of the developed societies these programs are considered as luxury. Surprisingly, the attitude of Prof. M Ibrahim and his associates was well ahead of time in this respect. Even with a focus on service delivery they used the terms Institute (which basically means an academic organization) and research when naming BIRDEM. Moreover they earmarked a part of BIRDEM as the Research Division. They correctly realized that even for delivering high quality service the assimilation of latest knowledge and technology is a must and it is possible in an institution only when it has a strong academic and research component. Their dream has been fulfilled to a large extent. BIRDEM is now conducting a number of courses in basic and clinical sciences under the Postgraduate Medical Faculty of the University of Dhaka. The Research Division is now one of the few major centres of the country where research students from various Biomedical Departments are engaged in scientific works. Not only researchers from within the country, but a good Project is to develop qualified and skilled manpower for basic biomedical sciences, clinical sciences, allied health sciences and nursing. The Project is now under the active consideration of the government. In this context priority has been given in the Model to develop high quality human resources rather than to develop manpower for so called 'appropriate technologies'. It is believed that, in the long run, higher technology is financially more appropriate in most of the cases.

In this brief presentation only an outline of the Ibrahim Model has been given. More detailed publications are available on request.