Obituary

Pramod Damodar Dukle
(13 November 1941–5 June 2012)

Towards the end of May 2012, Pramod called his son and dictated how he should be referred to in the announcement of his death: ‘No Dr, only Pramod D. Dukle.’ He went on to add, ‘No condolence visits, please,’ explaining that ‘all my kin and friends know about this and they have already visited me’. The son was perplexed. ‘Why now, Baba?’ Pramod’s reply was prompt: ‘Because I may not see the 1st of June.’

Pramod D. Dukle was born on 13 November 1941 at Panaji, Goa in an educated, reputed, high middle-class family which set great store by values. The well-disciplined family, the members of which had large hearts and a reservoir of warmth for everyone, had a great impact on his upbringing. He completed his primary and secondary education in reputed schools in Goa, where his teachers and co-students appreciated him not only for the diversity of his interests, but also for his generous, helpful nature, which remained intact to his last breath. Craftsmanship was his hobby and he often repaired his household articles himself.

Pramod left Goa for higher education in 1960 and after successfully obtaining his Intermediate degree in science from Mumbai, came back to Goa for his medical education. He was a member of the first batch of students of Goa Medical College and Hospital in Panjim after the state was liberated from Portuguese rule. His interest being radiology, he went to Mumbai once again to complete a diploma course in radiology and then joined the Department of Radiology at Goa Medical College as faculty. To satiate his unlimited hunger for knowledge, he went to England in 1973 to learn more about the art and science of radiology.

Back in Goa in 1975, he set up his own radiology clinic, named Centro Diognostico, in 1976, with the aim of serving the ailing community of Goa. His human approach towards patients and the principles he abided by in his practice were highly appreciated by his professional colleagues and the community at large. He continued his dedicated service to all sections of society for 25 years, and as he had announced earlier, he retired from active practice completely at the age of 60, in the year 2001.

After his years of devoted medical practice, he dedicated his life to social justice and the betterment of society. He was so deeply involved in his work that he often failed to give enough time to himself and his family. His involvement in and in-depth knowledge of social and environmental problems was such that often members of the public, public interest groups and even government officials would seek his opinion on various matters. He loved the city of Panaji and worked tirelessly to tackle all the city’s problems—from garbage collection and disposal to buildings—and his work was characterized by a deep foresight. He was a dedicated truth-seeker and above all, a very concerned citizen of Goa and a proud nationalist.

Unfortunately, he began to experience weakness in the lower limbs in 2003. However, he overlooked this till 2007, being very busy with social work and public interest litigations. A diagnosis of amyotrophic lateral sclerosis was made. In spite of the mental shock, which he never showed, he carried out an in-depth study of his ailment. He was aware of the outcome and poor prognosis of the condition, for which there was no known treatment, and prepared his family members for the events to follow. Even though he knew what was in store for him, he faced the disease cheerfully till the end.

He breathed his last peacefully, leaving behind his wife, son and daughter, as well as a grandson.

U.G. NACHINOLKAR
Consultant Orthopaedic Surgeon
Goa

Nikhil Dukle

Sunil Pandya adds this tribute:

Pramod was a man of many parts with a deep sense of ethics permeating all his activities. I considered it a privilege to call myself his friend.

He was one of the first to help us when we formed the Forum for Medical Ethics Society in Mumbai. When we started bringing out our journal, he backed our efforts ardently, cajoling as many of his colleagues as he could into subscribing to it, year after year. He was a cherished member of our editorial committee.

When he decided to stop practising, he debated whether or not to hand over his radiology clinic to a younger colleague. Eventually, doubts about how his successor would treat poor patients and whether they would receive the same care and compassion that he had lavished on them throughout his working life led him to dissolve the clinic. His son, Nikhil, now uses it as an office.

There was so much to learn from his life and thought. He was generosity personified and hospitable to a fault. Even after his illness had advanced to the stage where he had to use a wheelchair, individuals and groups besieged him for help and guidance on how to fight injustice and sloppy public services. He welcomed them. He unstintingly gave his time and energy for such causes.

On one occasion when I visited him in his home, he pointed to the many chairs arranged all around him for the next meeting, scheduled for a few minutes later, on such a cause. He explained that he had been forced to use the computer as he was no longer able to write petitions and arguments.

He did not believe in criticism, preferring to work for the correction of wrongs. To this end, he wrote innumerable letters to bureaucrats, official bodies and the newspapers, and addressed meetings. As noted above by Dr Nachinolkar and Mr Dukle, he was the moving spirit behind many public interest litigations, for which he worked tirelessly and often successfully.

His attitude towards his fatal illness was in keeping with his character. Once the diagnosis was made, he discussed it with his wife and children, telling them about the inevitable course of events that would progressively rob him of his faculties. He explained his reason for not following well-meaning advice that he should travel abroad to consult specialists on the disease. ‘I have studied the literature on the subject and am aware that this is
a futile exercise. We have to face the illness as so many others have— with serenity and courage.' He counselled his family on the burden he would be placing on them as his mobility declined and on the increasing care he would need from them. Above all, he inspired them to face the disease as he did.

During the several discussions I had with him on his illness, he never shrank from talking frankly. I saw no traces of self-pity, sorrow or anger. He joked and laughed about several matters—as he had always done—and this was no forced laughter. During one of my earlier visits, he could still walk, using two crutches. When I was leaving, his wife handed him his crutches and he got up from his chair slowly. I protested, requesting him to remain seated. ‘This is good exercise for me,’ he explained as he straightened himself. I expressed my apprehension that he might fall near the stairs. ‘There is no fear of that,’ he explained. He pointed to a row of yellow tiles preceding the stairs. ‘This is my lakshman rekha. I do not go beyond it.’

He had truly come to terms with his illness and had overcome the fear of death. I hope that when it is my turn, I too can do so with similar equanimity.

S.K. PANDYA
Department of Neurosurgery
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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