

## DEVELOPMENT OF PEDIATRIC NEPHROLOGY IN INDIA

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Pediatric Nephrology is a well established sub-specialty in the western world. However in India, though there are few pockets of excellence, there are very few trained pediatric nephrologists and even fewer institutions with separate pediatric nephrology divisions or departments and only one centre providing a one year training (post graduate diploma / certificate) course.

There has always been a debate as to whether pediatric nephrology subspecialty should develop around the departments of Pediatrics or Nephrology. In my opinion at the initial stages it should be both. The parent specialties need to provide active support. It is advantageous to be tethered to the parent specialty say pediatrics for overall connectivity and growth. However infrastructure for the subspecialty would need to be provided for, if the pediatric nephrology is developed around the department of pediatrics. In contrast developing it around Nephrology could mean utilizing the adult department's infra structure of dialysis and transplantation and this may save the cost of separate infrastructure for dialysis and transplantation. That is why I think that in an ideal setting, support and nurture from both Nephrology and Pediatrics would allow growth with Pediatrics and also allow utilization of adult nephrology infrastructure and trained manpower. However it needs committed support from both Pediatrics and Nephrology departments. Pediatric nephrologists developed with the co-operation of both departments need to cultivate and work along with both the teams. This way Pediatric Nephrology may come of age earlier and develop faster like in the developed world.

A survey of the pediatric nephrology centers across the country revealed that dedicated infrastructure for pediatric dialysis was available only in 4 centres and in one of them it was not being utilized because of absence of trained manpower. Even in these three centres, pediatric transplantation was being carried out in close collaboration with the adult transplant surgeon and utilizing the same transplant nurses and ICUs. In rest of the centres the facilities for pediatric dialysis and transplant were being shared with adult hemodialysis and transplant units. There are few institutions in the country where pediatric nephrology is well developed with infrastructure for their use under their command. These institutions have carved out a niche not only in our country but internationally, e.g. under stewardship of Prof. Srivastava and Prof. Arvind Bagga at AIIMS, Dr. Kumud Mehta and Dr. Uma Ali at KEM & Wadia hospitals; Dr. Nammalwar and Dr. Vijay Kumar at Institute of Child Health, Chennai and Dr. Phadke at St. John's Hospital, Bangalore. These stalwarts have spearheaded the pediatric nephrology flag in the country. A lacuna

in these institutions has been the slow pace of development of facilities for pediatric dialysis and transplantation. At SGPGI Lucknow, we made a concerted effort to develop pediatric nephrology along with adult nephrology in early nineties and inducted pediatricians Dr. Sanjeev Gulati & Dr. Ajay Sharma into our training programme, to open new avenues for growth of Pediatric Nephrology. Over the next few years this department was able to quickly make a mark for itself and both these are making significant contributions nationally and internationally. This has been followed up with similar inputs by many Nephrology Departments across the country. Over these years, the 2 largest centres for pediatric end stage kidney disease programme have been CMC Vellore and SGPGIMS, Lucknow. Thus this seems to be preferred method to get more Pediatricians to learn Nephrology particularly with regard to end stage care. It also economises on the infrastructure and trained manpower this model has been the one that is being followed in majority of the private sector hospitals across the country. There remains a need to have more training courses in the subspecialty especially in the institutions like AIIMS, PGI, St. Johns hospital, SGPGI and others.

There are about 800 nephrologists for a large country like India with more than a billion people and obviously a dismally minuscule number of pediatric nephrologists for the care of huge number of children. Treating children with kidney diseases pose many different challenges in comparison to treating adult – nephrology patients, the challenges of correction of congenital urological anomalies, the negative impact of kidney disease on growth of children – a huge challenge providing dialysis and transplantation in children and the social and financial impact on the family and the society. A clinician requires all the skills to manage these time consuming and difficult challenges. Simultaneously one also needs to train nurses, technicians and other paramedics for full fledged growth as well as make easily available the small sized consumables like vascular catheters, PD catheters, vascular instruments and other consumables to provide effective care of dialysis and kidney transplantation to the growing number of children with kidney diseases, wanting and requiring these modalities of treatment in India. We also need to train and sustain a whole range of allied persons like social workers, psychologists, pediatric urologists, pediatric transplant surgeons to take care of pediatric CKD patients. This is my opinion can only be achieved by a multi pronged directed approach preferably by public and private partnership which should be spearheaded by the Health Ministry.

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