Newsletter

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This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those "concerned" who may not be connected through the "Net." It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

We have barely a week before the most important 37th Annual SICOT meeting at which the ethos of WOC is to be placed centre-stage in the International program. Professor Keith Luk, the current President sends a message of concern about the uneven service that musculoskeletal pathology receives throughout the world. He has sent out the following introduction to a meeting he has convened for Friday, September 9th, in Rome, to address these anomalies and to enable every assistance to be mobilised towards their relief and solution. He writes:-

"We all know that orthopaedic services are very uneven and inadequate in many low and middle income countries (LMICs). One of the missions of the SICOT is to improve patient care through fostering 'education, training and research" particularly in places

where there is a mismatch between service needs and availability. Since there are different needs and obstacles in the different target countries, the SICOT- being a truly international society- is initiating a project called ‘Bridging the Gap’ (BtG), a platform where the like-minded can synergize and collaborate towards a common goal.” This is the introduction for the campaign which will dominate the 37th Annual meeting, in Rome, in September.” (**Keith Luk)**

This concise statement has been expressed before, but other things in the panoply of International orthopaedics tend to intervene. The subject has become like the Olympic games; we have devoted more energy to breaking world records than attending to individuals whose plight might be relieved for want of simple surgical expertise. Of course – of course. We all know that, but there are economic and educational pressures. Geopolitical inequalities require wide ranging organisation, at the very root of which lies **Trade**. Without financial reward for work done and invention created, we would probably grind to a holt.

The means by which the global imbalance is addressed involves every aspect of our subject; from basic training to research. To provide each, the global perspective must not downgrade each specialty; but there is a responsibility to bear in mind the circumstances of others.

The Meeting in Rome, September 8-10, will bring together competitive organisations, in their common interest. In the management of trauma, Implants, both to fix and to replace bone, have made a huge contribution to the management of skeletal injury. But there is a potential price to pay for restoration of skeletal anatomy. This is measured partly in Eurodollars, but also in the occasional outcome of operative error. (*A fracture can be made worse*). However, more disability results from the lack of simple tools, simple skills and simple surgery.

On the face of it, “Charity” might resolve economic shortages; but **not so**. In the interest of global progress, the many stages of education and training are essential if modern surgery is to cope with disability, I refer the reader to the remarkable record of the Orthopaedic Treatment Centres in Ghana; (c.f. WOC NL 178, of November, 2015).

At the end of this Newsletter (192) I shall add (as an appendix) the agenda for meetings of crucial importance, next month in Rome. These will provide opportunities to engage in discussion as to how global activity in orthopaedic surgery can be increased.

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The following is a summary of those items on the Rome agenda, designed to be of special WOC relevance to the SICOT Fellowship.

37th SICOT Orthopaedic World Congress

WOC Academic and Administrative Meeting List

Wednesday, Sept. 7, 2016:

- SICOT Educational Day (Bramante 6-7)

Thursday, Sept. 8, 2016:

- 08:30-10:00 – AO Alliance/SICOT/WOC **Administrative Meeting** (Brasserie VIP Room)
- 10:30-12:00 – WOC **Administrative Meeting: Executive Committee** (Brasserie VIP Room).
  This room **must be free by 12:00 for the next meeting**
- 14:00-15:30 – WOC **Administrative Meeting: General Assembly** (Room Tintoretto 1)
- 16:00-17:30 – WOC Orthopaedic Service to the Developing World “Free Papers” (11 Papers) (Bramante 3) - an abbreviation of the titles is reproduced in the appendix, ‘attached’.

- Moderator: John P. Dormans
- 17:45-19:30 – SICOT Opening Ceremony (Michelangelo 1)

Friday, Sept. 9, 2016:

- 08:30-11:00 – SICOT Foundation – **Administrative Meeting** (Brasserie VIP Room)
- 10:00-12:00 – **Bridging the Gap (BtG) working group** (Brasserie VIP Room)
- A one hour discussion/debate to be introduced by the following lead speakers; their base for concern is indicated by their Associations: ---

Coordinator – Keith Luk	5 min
1. SICOT – Wilson Li	10 min
2. SIGN –Bhaskar Raj Pant	5 min
3. AO Alliance – Claude Martin	5 min
4. SICOT Foundation – George Thompson	5 min
5. WOC –Ton Schlösser (J Dormans, M. Laurence)	5 min
6. Road traffic efforts – S Rajasekaran	5 min
7.Open discussion.	20 min

- 12:30-14:00 – SICOT General Assembly (Room Michelangelo 3)

- 14:00-15:30 – **AO Alliance Foundation/SICOT Symposium: "Fracture Care in Low Income Countries"** (Caravaggio 1-2)
  - Contact Resource for the Symposium: Dr. Claude Martin, Jr.
  - Moderator: Prof. Jaime Quintero
  - Speakers (may be subject to change):
    1. Dr. Jaime Quintero
    2. Dr. Demmer
    3. Dr. Lekina
    4. Dr. Sami Hailu
    5. Dr. Segbefia
    6. Dr. Wilson Li

7. Questions: Dr. Quintero & all speakers, followed by summarizing remarks.

- 16:00-17:30 – WOC Instructional Course:
  "Musculoskeletal Pathology and Treatment with a Paucity of Modern Equipment" (Caravaggio 1-2)
  - Moderator: John P. Dormans
  - Speakers:

1. Dr. M. Laurence (Osteogenesis; Embryo, to Fracture)
2. Dr. Anil Jain.
3. Dr. Fergal Monsell (Injury to the Child's forearm and elbow)
4. Dr. V. J. Khariwal
5. Dr. Arindam Banerjee. (Implant modification for LMICs)
6. Dr. Wilson Li.

Saturday, September 10, 2016:

- 12:15-13:00 - SICOT Closing Ceremony (Michelangelo 3)

Date/Time, to be determined.

- **SICOT USA – Administrative Meeting** –a free space and time will be found to conduct this meeting

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In sequence to the introductory statement from Professor Luk, a Working Group has been convened to address the problem of "The GAP". (*Vide supra)*

Time: 11:00 – 12:00, Friday, September 9th, 2016.

A pre-amble; regarding the **Gap**.

As an introductory exercise, I take the liberty of touching on some of the burning issues which have been raised recently. . These thoughts are essentially the editor's own; they form a summary of the themes expressed in the WOC Newsletters over the years. They are by no means the only interpretation of the Concept of the Gap.

Fracture care is required exactly where injury occurs; not a week away or in another country. Any fracture might be an emergency; the prospect of life-long disability is closely related to **delay**. (C.f. the principle of the "Golden Hours", of ATLS).

The economics are obvious. An old English saying reads: "a stich in time, save nine." The early restoration of displaced anatomy will bring the trauma patient quickly back to work. This has relevance not only to economics, but also to rehabilitation. Distance is expensive. The biology of tissue repair is relevant in every circumstance.

The model of the "Gap" in orthopaedic service is a good one. A "bridge" requires many pillars to cope with different spans. The Team conscripted to the Working Group (*vide supra)* will represent every aspect, each with individual contributions to make. That which WOC will make does not claim to dominate, nor even to lead the proceedings. The Gap (or valley, or gorge) to be spanned is constantly increasing, like seismic tectonic plates.

The act of "bridging" will enable the development of surgical science which the Centres of Excellence support so very well. WOC's concern is for the people on the floor of the expanding valley (= the Gap), at risk of being bypassed.

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The root of our problem is economic, and beyond the reach of benevolent Charity. We must always be wary of ignoring those lands, which may be "bypassed" and plundered of their medical and nursing staff. They are the "seed corn" of their own communities, and must not be harvested in favour of the "better off" societies.

In economic terms, the commercial success of the affluent lands, relies upon the capacity of the poorer countries to purchase their product. But that will depend on the skill of their medical profession, which in turn means technical practical ability, rather more than "knowledge".

That last facility needs personal involvement and collaboration, rather than distant lecturing display or journals, of whatever reputation. Our current training fellowships, by which bright and ambitious young surgeons can be brought to “Centres of Excellence” for special training, is admirable, but needs careful organisation. The gross problem is the “case-mix of (relatively) uninteresting fractures”, that comprise the major cause of chronic disability. Western Centres of Excellence offer training in pathology, irrelevant to the Third World, (like for example, revision replacement arthroplasty) and consequently the trainee is equipped for practice **only** in <u>well-resourced</u> communities.

These are the reasons for our appeal essentially for contributions towards travelling expenses, for volunteers who were recently “in practice”, and who were trained and experienced before the development of the highest (and most expensive) technology. (M. L.)

(from **Professor Ragasekeran**…)

“In the course of discussions, to date, we have not had a definitive proposal. I would offer the following, which will help to bring all our efforts together.

<u>Establishment of Africa / SICOT fellowships in INDIA.</u>

“As Mike rightly mentioned, Training in the West may not be ideal for surgeons from Africa, due to the wide disparity in disease spectrum and standards of facility available. India seems better suited to the needs, as the disease spectrum is similar and the health economics are the same. It therefore makes sense to establish more fellowships between India and Africa.

“AO Alliance Federation and WOC can be involved in the identification of centers and personnel who need training in different regions of Africa. These two organisations are the best to do this as they are in contact at the grass-root level of heath care delivery in Africa. SICOT Head quarters can support them with a fellowship fund of $2000 per person. SICOT India can select the centers of training where facilities are good, and even subsidise their stay. In this way all the key players involved in “BtG” will have an important contribution to make.

“From my side, (Coimbatore) I can offer 6 fellowships of 8 weeks each year, to surgeons chosen by WOC and AOAF in **Ganga Hospital**. This can be allotted three for trauma and one each for spine surgery, replacement arthroplasty and paediatric orthopaedics. We can even provide $1000 worth of accommodation and canteen subsidence.” (R. S.)

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“Some contributors have made the suggestion that fracture care is "so far behind the times". Of course that is true, but ignorance is not the cause. Affluent industry might suggest that they need to buy more hardware, instruments and implants. &c I would not say that, although I am very appreciative of the support the Foundation has given us. But the LICs cannot use the most modern equipment, and to try to use it is dangerous; – likely to give “fracture surgery” a bad reputation!

I am thrown back on the need for Training - not to use modern tools, but to manage without them. That is not the same as preferring to be without; but it does make a massive demand for technical training. (Anon)

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In the SAARC countries (adjacent to India) exchange fellowships are in progress between Nepal and Bangladesh, The following messages refer;-

“A three month fellowship has been funded by the AO Alliance Foundation (from Switzerland) with a reverse link into Dhaka. Professor Mahesh Shrivastava is the organiser, in collaboration with Professor Iqbal Qavi , the Director of NITOR, Dhaka. The plan is for an exchange to commence in November 2016, depending on visiting trainers (supervisors) being available to participate. We need good retired consultants from UK to teach young surgeons in Nepal & Bangladesh. The AO Alliance Foundation is willing to grant financial support for an experienced Surgeon (C.V. will be required). Trainees have been selected for the first leg of this exchange, in Dhaka. <mp_s1950@yahoo.com>

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“We at NITOR (Dhaka) have been in contact with Dr. Shrivastava and Dr. RK Shah, and are actively involved in developing the regional training program between Nepal, Bangladesh, Myanmar and Cambodia for young orthopaedic surgeons, for three months duration.

“In addition to our local faculty, we are also looking for foreign faculty. Since you were interested in developing this type of regional training program, I would like to welcome you to NITOR as a foreign faculty. This year we are looking forwards to a young Nepali orthopaedic surgeon visiting NITOR, Dhaka for three months.”
Dr. Iqbal Qavi, Director, NITOR; <drqavi@yahoo.com>

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(from **Zimbabwe**.)

“The challenges which oppress the national economy of Zimbabwe, impact on our ability as surgical and orthopaedic professionals to delivery universal and essential surgical services to all Zimbabweans. Our professional association and personal income is at present very low.

‘In communication and collaboration with our colleagues in WOC, SICOT and WHO we continue to try and build bridges for international collaboration with colleagues in Belgium, Netherlands and United Kingdom. We write with the backing of --

George Vera – Orthopaedic Surgeon, (Pres. Orthopaedic Association of Zimbabwe) and Mordecai Sachikonye – (General Surgeon, both of Harare, Zim.

“All those attending the annual SICOT Meeting will provide an opportunity to learn more about the latest technologies and developments in Orthopaedic & Trauma Surgery and other related specialties.

“This will also provide an opportunity to present our local gaps and needs in Orthopaedics and Traumatology, in scaling up sustainable trauma and orthopaedic services in Zimbabwe and strengthening collaboration and partnership with other professional associations and development partners based on implementation of the WHO essential surgical resolution of May 2015. (Dr Siva Murugasampiay)

Dr Ton Schlosser (currently in Burkina Faso) writes:-

There is substantial professional interest, capacity and human resource in the Netherlands to build initially an orthopedic support program which could later expand into the other sub-sectors. In order to make this a sustainable undertaking inputs from larger institutional development partners are needed since professional associations such as WOC and the working group Orthopedic Overseas of the Netherlands Orthopedic Association, could only provide a small start-up fund for the mission to Zimbabwe last year.

"To seek such sustainable funding a 5 year strategic framework with a Theory of Change, logical performance framework with indicators, and a detailed budget needs to be developed. It is critical that this framework is owned by the Ministry of Heath, Zimbabwe surgical association and Department of Surgeries in Universities in Zimbabwe (NUST, UZ), and the other key-stakeholders in Zimbabwe; it is to be developed by the principal stakeholders in Zimbabwe with technical support from a joint Zimbabwe-Netherlands taskforce. A joint planning workshop in Zimbabwe will be required to finalize a final draft for approval by the Ministry in Harare." (A.S.)

The 5 day SICOT-WOC meeting in Rome in September will feature a session on orthopedic support programs in LMICs; Dr. Ton Schlösser will have only 10 minutes to present the status of the "Zim-Ortho project" and participation of at least one colleague from Zimbabwe would be desirable to strengthen the case; but funding for travel and a possible waver of the registration is needed.

<u>Reverse Fellowship Program in Nepal / Bangladesh. (R.K.Shah)</u>

"We need good retired consultants from UK to teach young surgeons in Nepal & Bangladesh. AOAF will support it.

Specially may ask you to help us as we need your support to find expert trauma surgeons from UK to visit NITOR (Dhaka) for 3-6 weeks to supervise our fellowship program. The program has been approved by AO Alliance

Foundation (AOAF). Mahesh Shriastavais will look after this program. The visiting expert (Reverse Fellow) will be provided with return economy airfare, suitable accommodation, food and local transport by the AOAF. I am wondering if WOC accepts to join hand with AOAF in this program.
(R.K.Shah, Kathmandu)

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"Thank you for the input and great suggestions. In fact many of these concepts and principles are already in our original proposal. Wilson Li in the process of summarizing all the ideas and formulating a skeleton for our further deliberation in Rome. We should be sending out the framework sometime next week. Please continue to feed us with whatever suggestions that you may have.

Keith Luk (SICOT Pres)

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The problem confronting training in Surgery, is not unique to the LMICs. One notices the dirth of elementary clinical teaching in the Centres of Excellence. What we have extolled for the LMIC, is also essential to the West. If we are unable to provide training in common injuries, for our own home-grown students, how can we (economically) provide it far away?

WOC's interest in "General Orthopaedics" is especially relevant to the circumstances under which rural hospitals will have a single orthopaedic surgeon - if they are lucky. Where can that sort of medicine be taught, and by whom?

The modern obsession with invention and innovation is appropriate principally to the reputation of the Centre of Excellence, and the politics

of a nation. Three-quarters of the world's population will never see a specialist. And perhaps most do not need to; but huge numbers do need a general orthopodist. If this skill is not provided by the medical profession, the patient has no-one but the unqualified bonesetter to turn to. Should we not be prepared to offer instruction and advice to any such care-worker who might ask for it?

It follows that "high-tech" surgery, as taught in the Centres of Excellence, is not the most appropriate ; and unless we replace that missing rung in our ladder of training, few will be equipped to climb further.

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One problem confronting training in surgery, is not unique to the LMICs. There is a dirth of elementary clinical teaching in the Centres of Excellence (where of course, it is unnecessary.) But what we have extolled for the LMIC, is also essential to the West. If we are unable to provide our own home-grown students, how are we (economically) able to provide it far away?

The whole subject of "dedication" has changed. Old fashioned doctoring – the care of the patient, as opposed to his or her pathology - is contrary to the European Directives - in our case. How can a consultant at a teaching hospital (one of hundreds) teach the elements of injury medicine if his clinical activity is restricted to the view through an arthroscope, on a VDU? Has the Western medical profession reduced itself to the level of technical performance within narrow specialties, exclusive of the person?

WOC's interest in "General Orthopaedics" is especially relevant to the circumstances under which rural hospitals will have a single orthopaedic surgeon - if they are lucky!. Where can that sort of medicine be taught, and by whom? The modern obsession with invention and innovation is appropriate principally to the reputation of the Centre of Excellence, and the politics of a nation. Three-quarters

of the world's population will never see a specialist. Perhaps most do not need to; but huge numbers do need a generalist.

These impressions are a sweeping statement, suggesting a broad tendency. There are significant exceptions; but the trend is toward "high-tech" surgery, as taught in the Centres of Excellence. For the LMICs this is not the most appropriate. Unless we replace that missing rung in our ladder of training, few will be equipped to climb further.

(M. L.)

Thursday, September 8th 16:00-17:30 – (Bramante 3).

This session at will contain papers chosen specifically for their demonstration of Ingenuity in the face of diminished equipment, or practical invention in places of restricted facilities. It will be chaired by Professor John Dormans, (President of WOC.) (program attached)

WOC. Annual General Meeting.

Dear WOC members,
"On behalf of the President, Dr. John Dormans, I am pleased to invite you to the Executive Committee Meeting and Annual General Meeting of WOC - (Int), to be held during 37th SICOT meeting at Marriot Park Hotel, Rome on 8th Sep 2016.
The Agenda for both these meetings is 'attached.'