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.

The object of surgical training is the provision of Health, which dominates every national medical profession. This contrasts with the ambition of every eager young doctor, who learns during his training that things change, that "facts" can be challenged, and treatments are developed or discovered, altering the whole concept of disease. This picture is both confusing and refreshing; it affects every country in the world but to differing degrees. Not only is every country quite different in its problems, but each town within each country and every hospital or health centre in each town.

Overwhelming a nation's health-care plans is the cost of each aspect of medical treatment, leading to the present situation, which is analogous with that unacceptable phrase – the "rationing of health-care." Every nation shares some

aspect of the same crisis of health-care, with pessimism as to whether absolutely free medical coverage is ever possible. Dentistry has always addressed this conundrum. Never has there ever been a vigorous demand for cosmetic refashioning of teeth, except by those with the wherewithal to pay for it.!

Something of the same approach may come to pervade orthopaedics. But the problem does not affect the countries of low income (LIC) where there is little or no real medical care. Bearing in mind the escalating cost of anything of even moderate complexity, every country is obliged to moderate the “height” of its surgical technology, except of course for its affluent citizens, and every country has some of those. The most “sophisticated” surgical service will depend on the development of Private Practice, upon which will depend a doctor’s earning capacity. No government can afford modern surgery, nor medicine, nor even the means of diagnosis for all its citizens. For these reasons the duty of visiting trainers must include support for Private Practice.

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Clearly this is a socio-economic problem, relating to gross numbers. It is also a triumph of medical science ! The result is the prolongation of life, so that more people will suffer more diseases and complications associated with their extra years. The provision of medical care cannot keep pace with the demand for it. Those nations with the best-developed medical profession are amongst the most severely affected, so that radical views are expressed everywhere. It is not just a shortage of money, but an explosion of knowledge, of internet information and of mobility.

The realisation of these needs leads the world’s non-commercial doctors to try to ameliorate the inequalities of the world’s health-care, and thereby to remove a stick from its own back. The foundation of this effort is the availability of medical

training of any with the skills of school education; and having been trained, to be monitored and enabled to go beyond their initial vision.

In this capacity, modern experts must pass on their knowledge and experience, rather than to watch from afar as the new doctors make the same mistakes as western doctors have in the course of their own development.

TRAINING AND ASSESSMMENT

Much is done by visitors to observe, assess and to comment through the medium of accredited examination. The duty of examiners of an orthopaedic Exit Examination is to ensure that the candidates demonstrate the ability to perform a specific and complete physical examination of the musculo-skeletal system and associated neurological structures, with emphasis on the assessment of deformity and dysfunction for the individual patient.

World Orthopaedic Concern has become involved in an advisory capacity to the International Training program for SICOT, aimed at providing the foundation of global health-care. Our concern is directed beyond the universal goals, touching on humanity as well as economics.

The task of formulating this curriculum is more difficult than the task for any National exit examination. The latter simply has to list the latest “State of the Art” surgical practice, as gleaned from prestigious journals. The task of defining the standard practice for scores of remote countries, will test the imagination of an inveterate traveller. Not only will there be variations in epidemiology and demography, but also in surgical hardware, in economics, in political alignment, in commercial contracts and social attitudes towards disability. Essentially, no candidate unfamiliar with modern inventions must be disadvantaged. This means

there has to be a bias towards pathology and away from the “highest tec.” and massive implants.

John Dormans, the President of WOC, is hugely involved with the project of the curriculum. He remains optimistic, seeing its value and importance as complementary to the SICOT Diploma examination. He urges that the schedule remains inclusive, preserving its vitality, being constantly under review and always open to alteration through the decades to come. It is hard enough for candidates to cope with their second language without having to struggle with local eponyms.

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We are concerned that our efforts to bolster medical professions are of benefit to an emerging nation, to enrich and protect the lives of those presently neglected. From a different viewpoint, the Mediterranean chaos derives, not from politics nor jealousy, but from desperation. The migration of “pestilence-stricken” refugees has reached Gaderene proportions. A number in excess of ten thousand is added daily to the Reception camps in Greece. One sad, comment came from a young orphan refugee, asked what hopes did he have from his ordeal. He wanted to become a doctor or possibly a lawyer; but if neither, then a “fighter.”.

REGIONS (From WOC (UK)

The Annual January meeting of the UK branch of WOC is given over to project planning, both new and continuing, for the forthcoming year. Prominent among the reports was one describing a meeting between the Secretary (**Ms Deepa Bose**) and the health authorities in **Guyana,** to explore the possibility of collaboration in that country’s surgical training program.

An invited guest at the meeting was Dr **Shiva Murugasanpillay** (WHO, Geneva). He spoke warmly about the collaborative work of WOC(uk) pointing out that a great deal of excellent fracture work was done by surgeons trained in general surgery, rather than Orthopaedics. He said that they too might benefit from visiting teaching surgeons. He also spoke about the **G4** organisation which offers support for a variety of uncomplicated operative procedures, and the appropriate anaesthesia. They concentrate on procedures which do not require intensive care and are unrestricted to any specialty.

ETHIOPIA

Arrangements for the forthcoming meeting of the Ethiopian Surgical Society --- **Laurence Wicks** reported on the collaborative work, together with the Australian (*for Africa*) group in Perth, (ADfA). As trainers they will cover most of every year together in rotation. The specialist orthopaedic trainee group (at BLH) comprises some seventy postgraduates. Several other centres in the countryside will be included in the scheme (eg Gondar, Awassa, Jimma, Soddo, &c). It will be a prominent item in this year's surgical conference, in Addis.

The Northwest Trauma Alliance for Africa (**NOTAA)** based in Lancashire, UK, has been set up with substantial support from Rotary. **Tony Clayson** will be the host for the summer meeting of WOC(uk), June 10th at Wrightington. The organisation of NOTAA will have its own accountant and collect funds to be used primarily for implants and promotional material, initially to benefit Malawi.

CAMBODIA

Dalton Boot's regular contributions of the past years have described the solid progress of the **Kossamak Hospital** in Cambodia. He has shown us how he has ensured the care of congenital and traumatic problems by simple surgical means with ancilliary aftercare. Today his report was brief, announcing how the Cambodian government has added to its support for the project, and accepted

overall management and accounts. This translation has been smooth, undramatic, and entirely planned. Was it **Ginger Wilson** who described the success of a WOC project, as "redundancy"? This has been a classic example.

Some projects fail, shrinking into disuse, occasionally overtaken by other organisations, but this jointly established between WOC(uk) and Australian Orthopaedic Outreach, has grown under the guidance of Dalton and his partner **Tim Keegan**, into a community surgical service to the children of Phnom Penh. Their visits, together with those of **Fergal Monsell**, will not cease but become less frequent as Cambodian surgeons fulfil their promise.

Apart from their own efforts there are other groups, who sometimes visited; and the Governments of Japan and China have interacted with several of the hospitals that Tim and Dalton have established.
Dalton says – "I like to think we have started balls rolling. We have always kept as low a profile as possible to keep Cambodian colleagues at the front of the many individual projects. This has worked well. It is better for our work to be under-recognised in detail by the national MOH, which is why I have given no prominence to our names at Kossmak. It is mainly the hospital directors and senior surgeons who have worked with us."

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Professor Deven Taneja has written to promote a project aimed at --

The Prevention of Spinal Cord Injury.

He writes, "Spinal cord injury (**SCI**) has devastating effects on the lives of the injured – cost of treatment is enormous. A proposal has been received from ASSI (Association of Spine Surgeon of India). It is proposed that five bodies

namely --- the Association of Spine Surgeons of India **(ASSI**), International Spinal Cord Society **(ISCoS**), International Society of Orthopaedic Surgery and Traumatology **(SICOT**), World Orthopaedic Concern **(WOC**) and Asian Spinal Cord Network **(ASCoN**) may join hands and act in coordinated manner to run the projects in their own country/area or any other countries, for the "prevention" of SCI.

The causes of SSI are well known to all – like RTA, fall from a height, diving accidents, sports activities, and violence. Most of the SCIs due to these causes can be prevented or minimized by creating awareness amongst people It is suggested that. WOC should join the group. The Initial contribution by each partner is around 1466 US$. There will be a steering committee with one representative from each body headed by the project head. There will be project coordinators in each area who will execute all activities according to guidelines from the project head. The work will involve liaison with local government, community awareness through media, arranging symposia, creating local spine clubs, and so on.
WOC could identify the geographical areas where we should establish this pilot project, and approach the local government NGO's, and Rotary and other philanthropists, to raise funds. The present amount required is to join the international group and to use all their resource material and take guidance from time to time."

This project will ring all sorts of historical bells. It is 50 years since **Ron Garst** first set up an institution in Dhaka, specifically to deal with a cluster of cases of paraplegia, fresh from the Bangladesh Independence conflict. This work lead on to the establishment of NITOR, in Dhaka.

INDORE

The First Aid training program for Traffic Police under the banner of WOC, was held on 10th Jan 2017 at Arihant Hospital, Indore. Some 110 police constables and police vehicle drivers attended the course. It was inaugurated by Shri Ajay Sharma, Add, Director General of Police, Indore zone and by Shri Harinarayanachari Mishra, DIG, Indore. They presented certificates and prizes at a valedictory function. The demonstration of cardio-pulmonary resuscitation by Dr. K. K. Arora, Professor & Head of the Department of Anaesthesia, was greatly appreciate and generated much excitement. The presentation & demonstration done by fire brigade for rescue procedure, was also very much liked by the participants.

LYBIA

Professor **Mohamed Rashed,** from Lybia sends us information about his recently published "Kindle" offering a pictorial guide to orthopaedic conditions. It is designed as an aid for candidates to a surgical Exit examination, and very modestly priced. It makes no claim to be comprehensive. Pictures have been chosen for their clarity, whereas clinical cases are rarely so obvious. The author makes the firm instruction that these images are not sufficient in themselves, without clinical experience, but this is a very good revision tool. "The Fourth Floor MCQs in Orthopaedics" <mohbrashed@gmail.com>

NEPAL

Dr B Pant writes from Nepal, about his new venture instructing primary care doctors and others in the Kathmandu Valley, in the basic principles of emergency care and the saving of life. They and other care workers are likely to be in the front line of life-preservation within the minutes after an eruption. This was doubtless instigated by the experience of the earthquake. It is much to be encouraged in all areas of the globe subject to tectonic plate instability.

(M. L.)