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.

Much correspondence has flowed from the opening paragraphs of the last Newsletter, referring to the global organisation of health-care. There are competing pressures in the provision of such services, but the preservation of life must always take priority, well before the perfection of appearance or physical performance. Indeed those seeking the latter would surely demand a very personal and private attention.! Less clear is the priority owed to persistent disabling pain or physical deformity, but the economic penalty of the latter is huge.

Increasingly obvious is the first requirement in an emergency situation of magnitude, namely communication and access, by helicopter and heavy-lifting gear, to the site of a major disaster. These sites, never predicted, are made chaotic by disorganised crowds, panic-stricken relatives of those trapped beneath masonry. WOC signals its admiration for **MSF**,

which charges in where military action of often stalled by political obstruction.

At the individual level there is increasing interest in life-threatening “first aid” for all who live in places where eruptions are common. This is particularly so for any who might have community responsibility – police, fire-fighters, teachers, -- even school children themselves, as part of the education of all living near to where seismic disasters commonly occur.

Dr S**hiva Murugasanpillay** (WHO, Geneva). writes about the forthcoming **70th** meeting of the **World Health Assembly**, (WHA) @ 24th May, in Geneva. From the extensive Agenda for that meeting the following items stand out, expressing principles to which we subscribe:-

p.p **WHA -**

“-- That the sustainable provision of emergency and essential surgical care and anaesthesia, is a critical part of integrated primary health care, lowering mortality and disability, and preventing other adverse health outcomes arising from the burden of injuries and non-communicable diseases.

“--We feel concern that inadequate investment in the infrastructure of health systems, inadequate training of the surgical health workforce, and the absence of a stable supply of surgical equipment, will impede progress towards the delivery of emergency and essential surgical care.

“-- Recognizing also that urgent and essential surgical care and anaesthesia are currently neglected - but are efficacious and cost-effective. To strengthen emergency and essential surgical capacity (together with anaesthesia) particularly at the first-level referral hospitals, is a highly cost-efficient solution to the global burden of disease.

“-- Recognizing that 15% of the world’s population lives with a disability, and recalling that resolution WHA 58.23 on disability, including prevention, management and rehabilitation, urged member States to

promote early intervention against risk factors that contribute to disability.

"-- That many surgically treatable diseases are among the top 15 causes of physical disability worldwide and that 11% of the world's burden of disease stems from conditions that could be treated successfully through surgery, with low- and middle-income countries being the most affected.

These principles enjoy a ground swell of global support, largely through wide publicity of the inequalities of healthcare and anxiety over mass migrations of the desperate.

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On a broader front, another letter to us reads: -- "I think that the idea of 'rationing' of healthcare is now 'up for discussion' in the western health services. The problem is that it has become a derogatory word! But the fact is that most essentials in life are 'rationed' by money – e.g. housing, food, clothes, work. In many of these areas, those of us with enough money (does one ever have enough?!) make our own decisions about the sort of food we buy or house we live in; but those who do NOT have 'enough' (even for the bare essentials) have NO choice! WOC has done (and I can remember its early days), excellent work in providing orthopaedic care to those who would otherwise be denied it.
(**Malcolm Morrison)**

Fundamental shortages (not least of money) oblige every country to rethink the provision of non-urgent surgery, if there is not to be instant response to life-threatening disease. The lay media fulfilled a noble function in publicising the Ebola epidemic in West Africa. The neglect of **Injury** is less dramatic and certainly not new! It does not therefore command the headlines on the front page…

Mr Martin Bircher adds the weight of his agreement, hoping that the message (in NL 199) might be more widely spread through BJJ (which is of course free to quote whatever it might wish.)

Ethiopia

An independent message about the training rotations in Addis Ababa, now includes a ring of hospital types linked with the Black Lion, but also to collaborate with the "private sector" of independent practice, namely St Paul's, with affiliation with Elias Ahmed's new hospital, and the "Cure" Hospital, the Bahirdar hospital and the Ayder hospital at Mekele. The Orthopaedic school of 89 resident trainees, have a broad mixture of experience at these establishments.

Romana - République Dominicaine

A message for Francophone colleagues, a Conference is to be held at the Orthopaedic and Trauma hospital of Romana, on the Carribean Island of Dominique, 26th March 2017 to 1st April.
FW: Professor JL ROUVILLAIN : 37° Journées Caribéennes d'Orthopédie (JCO) & 1° Journées Franco-Dominicaine d'Orthopédie et de Traumatologie.

Quoting from **James D Shelton,** USAID – (American Agency for International Development). He has written widely on the subject of medical interventions in developing countries, where resources are scarce and doctors, few. He writes from the perspective of global urgency, against the preservation of life, referring to the care initiative drawn by President Barak Obama, a few years back.
When facilities are restricted, a system of priority becomes imperative. Top of the list is Maternity, closely followed by epidemics of communicable diseases -- but these categories are subject to variations of definition. Orthopaedics would not figure prominently until Trauma is included.! The clamour for attention becomes deafening according to the capacity for the medical profession to deal with conditions and virtually affect a cure.

The appeal for attention should not depend on the voice of the sick, nor

the eloquence of journalists. Orthopaedics makes itself available with few facilities, but there are always limits *in extremis* to the capacity to preserve life. Where that limiting barrier lies is open to huge variation, and money, ingenuity, experience and enthusiasm all have great effect in moving the barrier to the right.

The tendency towards the cynical response to every story of persecution;- if it squeals, throw some money at it.. . .It is understood that the aim of monetary missiles is poor, and much money is misdirected (if not frankly stolen) to the arms trade. But it Is sadly true that the only way to give to those in flight, is by physical cash. Support for the basic needs of injury and emergency treatment can make life in the abused communities that much more tolerable, and one hopes to dissuade refugees from making the choice of departure into danger.

Antoon Schlosser writes about **Guinea-Bissau, -** a small country in West-Africa (about the same size as The Netherlands; the population is estimated by UNICEF at 1.6 million with 900.000 of children under 18 years of age). Off the front page of the media, the country ranks 175 out of 177 nations according to the 2008 UN Human Development Index. The socio-economic conditions for its children deteriorate through ignorance.

It was part of the Portuguese empire for centuries and was once known as the Slave Coast. Today 14% of the population speaks Portuguese, the remainder, French or tribal tongues. Once hailed as a model for African development, the country is now one of the poorest countries in the world. The vital cashew-nut crop provides a modest living for most of Guinea-Bissau's farmers and is the main source of foreign exchange; but today the nation has a massive foreign debt and an economy that relies heavily on foreign aid. It has become a transshipment point for Latin American drugs.

Medical facilities outside **Bissau** city are virtually non-existent. Hospitals are unable to cope with accidents or severe illnesses. Some basic emergency **care** and inpatient services are available at the Raoul Follerau Hospital, a public facility in **Bissau**.

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SICOT 38. November 30th to December 2nd, 2017. Announces the thirty eighth annual meeting, to be held in Cape Town, this year.

"The academic programme of the main SICOT meeting promises to include world standard orthopaedics inclusive of lecture presentations and workshops. for the more general orthopaedic surgeons as well as super-specialists. Internationally acclaimed invited speakers will ensure that trainees and experts will be up to date with the latest modern orthopaedic technology and evidence-based medicine." (ML's underline).

The program planning committee is still open to further proffered abstracts, but much is already in place. Two 90 minute sessions are to be devoted to matters related to the mass of musculo-skeletal pathology, much of which lies far from surgical care.

World Orthopaedic Concern (South Africa), is engaged with the Program Committee for the SICOT Meeting in Cape Town, has listed the following subjects:-

Orthopaedic ballistic trauma in Cape Town	S Maqungo
Limb reconstruction in South Africa.	Laubscher.
Local Hand injuries,	M. Solomons.
Childhood Trauma in Cape Town.	Dix-Peek.
Limb reconstruction in South Africa.	Laubscher.
Challenges and opportunities of a Global Orthopaedic Research Unit, based in Africa	M. Held
Arthroplasty: Waiting for the waiting list.	Nortje

Dislocation of the knee; Contrast of LMIC vs 1st world.	M Held
Sports Trauma in South Africa.	M Solomons
Foot and ankle pathology	G McCallum.

This part of the program for the under-resourced countries might seem, on the face of it, not to be immediately relevant to under-resourced countries, but no doubt there will be references to local experience. The second part of the WOC program is still to be appointed, but we are assured **Laurence Wicks'** own experience of training Southern Africa is planned to be presented; and the president of COSECSA, **Professor Milliard Derbew**, will give a comprehensive report on surgery in that part of Africa. But the program is far from being firmly set yet.

Professor **Deven Taneja** writes:-

The 21st B. Mukhopadhaya P G. Instructional Course was held between 12th & 15th Jan 2017, at Arihant Hospital & Research Centre, Indore (India) under the auspices of World Orthopaedic Concern (WOC) and organized by Orthopaedic Research & Education Foundation – India. 130 trainees from all over the country attended the course; 10 senior faculty members lead the course. The course was designed keeping in mind the practical examination for the Diplomate National Board of India. Besides the lectures related to the clinical examination, there were other sessions on common subjects such as neglected elbow fracture, scoliosis, osteomyelitis and TB spine. Keeping in view the examination pattern, other aspects like – X-rays, orthotics & prosthetics, Instruments & Implants etc. were addressed in detail.
Participating students presented 12 complex cases for discussion each day. (The students who performed well were rewarded.)
The course was inaugurated by Dr. Narendra Kumar Dhakad, Vice Chancellor of Davi Ahiliya Vishwa Vidhayala, Indore (India).

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! Every issue of the WOC Newsletter is followed by a number of "rejections" – reports that delivery is "blocked" or permanently "failed`'.
My reaction to this is to urge any who seem to have missed out, to check that their line is open and to let me know.
Secondly, I note an increasing number of circulars from "social media" insisting that they hold messages addressed to me but which will be released to me only on payment of a joining fee to the company.
I hold them possibly responsible for much "hacking" and refuse to comply with this threat -- anyway, I have no wish to attract scam mail – my inbox is already too tight. So please forgive failure to respond to messages sent through facebook, twitter, wayn, lindekin &c &c. please send an "e" message so that I may update any discrepancy.

(M. Laurence)