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.

Global Surgical Frontiers; The Royal College of Surgeons (Eng) announces its conference to he held on April 21st and 22nd, 2017, aimed at the provision of basic essential surgical treatment wherever in the world it is unavailable in the present economic circumstances. Although not specifically confined to orthopaedics, this conference will have a significant bias towards trauma in all its aspects.

Two years ago the Royal College of Surgeons (Eng) launched its GSF conference, coinciding with the Lancet Commission on Global Surgery, a major piece of academic work that outlined the state of surgery across the world. A challenge was thrown down to all stakeholders in global health to work together to improve surgical services in LMICs. The key messages of the commission were shown in these statistics:-

1. Five billion out of the world's 7 billion population have no access to safe surgery, to save lives when under threat.
2. For effective access to surgery, about 150 million extra operations will be needed, each year.
3. More than 80 million families per year have catastrophic surgical expenses; very many avoid all medical advice for fear of the price of surgery.
4. Adequate provision of surgery is cost effective in every aspect.
5. Surgery must not be isolated from other health conditions; it is an integral part of a public health system.

Over the intervening year, much has changed. Several LMIC countries, for example Zambia, are looking specifically at how they can develop surgical manpower and resources. Surgery is now squarely "on the table" in global health discussions.

The WHO has for the first time in its history passed a resolution about surgery and anaesthesia, stating that they are an essential component of every country's health system. The World Bank has added surgical indicators to its measurements of a country's economic status. For those involved with surgical research it is good to see that the governing body of the American NIHR (Washington) has added surgery to its list of key research areas that it is prepared to fund.

This year here will be a particular emphasis on childrens' surgical condtions of which Trauma is an obvious and all too common emergency. Most low and middle income countries have a demographic breakdown that means nearly half of the population is under 16 years of age.

SICOT Pledge

SICOT announces an important project, in the form of an appeal to WOC's Regions where colleagues are currently employed in support of those parts of the world most in need.

Professor Ashok Johari, on behalf of the Education Committee of SICOT, has picked up our general theme in regard to the spread of

fundamental A & E requirements. He invites the cooperation of WOC towards defining the educational needs in the parts if the world where both facilities and “general” orthopaedics are in short supply. This “tall order” leads one to realize the variety of requirements. Only by visiting the sites of each ill-resourced service, can one learn priorities and then only while taking part in their work.

The variables, in contrast with practice in affluent societies, include the following:-

Case-mix of presenting disease and the pattern of pathology,
Cases of mis-management (chronic neglect or unorthodoxy)
Inadequate diagnostic aids (imaging and lab. testing.)
The condition of operating theatre sterility,
Anaesthesia service,
Blood transfusion service,
The basic technical skill of the Residents, and their level of surgical experience, competence and confidence,
Shortage of theatre equipment tools & implants,
and most important of all,--
The capacity to care for and repair the instruments.

Each and all of these will be particular to each site; and the visitor should be able to address these points. Most of them cannot be addressed away from the actual site.

But with or without any or all of these, there will always be injuries to cope with. At the end of the day a thorough analysis of the state of surgical play will be essential for future planning and for the local government to plan developments. Any development we might suggest and request, can only be realized and maintained through local government. It is imperative that our contribution can only be made through persuasion, consensus and collaboration.

The value of a surgical tutorial visit will be measured by the result in the

provision of both manpower and surgical equipment. These will be very hard for local surgeons to acquire without the confirmatory support of the externally based visitor. Simply to make the visit, places a burden of debt on the visitor, who should take advantage of any opportunity to communicate with authorities, at the national level, with organisers of service provision, and with commercial companies concerned with the distribution of surgical equipment.

International Orthopaedic Conferences, of which SICOT meetings are the most comprehensively international, provide the environment under which ideas and impressions are exchanged formally and informally. Deliveries from the rostrum are only the trigger for personal communication. But when it comes to actual training – for surgical performance -- the intimacy of the apprenticeship system is essential.

Studied globally, it has appeared that the full force of invention requires a dramatic kick. One thinks of the drama of the Ebola virus epidemic in West Africa, and HIV everywhere. Control and treatment have been developed far more quickly than has been achieved with malaria, -- still very much with us. The shortages of manpower and equipment are very “long term” and will be slow in their resolution. There is no quick fix; nor should there be. The excitement and drama pass, leaving behind long term needs.

There is always a difficulty about access, and a reticence to publicise a problem which might be interpreted as the fault of the doctors or the government. This is central to the problem. For many reasons. Volunteer instructors must be personally invited, for fear of appearing to be “Imperial”. And yet the potential host is (by definition) unable to offer much in the way of hospitality. But nor would lavish hospitality be appropriate in under-resourced circumstances. It is delicate dilemma and a stumbling block, calling for mutual warmth which cannot be measured in monetary terms.

So every needy unit requires a set of stages, the speed of development

of which will rely upon the stimulation from the visitor. That will be the visitor's debt. Professor Johari rightly identifies funding as a major problem. At the heart of the issue is the variability of places where need is great. All places will be impoverished and all overcrowded. We are now in a situation in which there are many energetic and recently retired surgeons, able to provide practical assistance, but few hospital Institutions able to issue a definitive invitation with basic accommodation in exchange for his (or her) experienced hands.

Professor Ashok Johari expresses the hope and intention of organsing a widely based discussion, in and around the forthcoming meeting of SICOT in Cape Town, (November 30th this year). A series of carefully crafted courses might be required and much travelling in order to open up channels of instruction, but it is at the under-resourced site where the success or otherwise of this project will be observed.

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The 22nd **B .Mukhopadhaya Post-Graduate Course** for Orthopaedic trainees will be held from 18-21 Jan 2018, at Arihant Hospital for Research, Indore, India. The course is held under the auspicies of WOC and organized by Orthopaedic Research and Education Foundation - India. Those interested may contact Meghna, Secretary to Professor Deven Taneja, the Course Director. Her 'e'-mail ID follows -- <pgcourse@gmail.com> and her 'phone no is +91-9926929125. The course is recognised by National Board of Examination, Ministry of Health, GOV of India and Indian Orthopaedic Association. The number of graduate places will be limited (–first come first served.)

TRAUMA, The 18th International Trauma Care Conference, in an Austere environment, will be the bias of a Conference under the sponsorship of the Trauma Care Society (UK), on March 15th-16th.,- 2017, at the Yarnfield Conference Centre in Stone, Staffordshire (ST15 0NL).

The National Fire and Rescue Service will address problems on the subject of “Extrication”. The word “Austere” has somewhat extreme interpretation. Environmental difficulties of low temperature at in Antarctica, at altitude on the Everest trail and rarefied atmosphere of outer space are suggested . But impoverished parts of our own planet will of course be covered, including paediatric trauma life support.A O A

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The Australian Orthopaedic Association acts as the repository for WOC matters in Australia, which used to be over-sighted by the late Professor Ronald Huckstep. Professor Huckstep passed away in 2015, and we are unaware of whom, if anyone, has been appointed to succeed Professor Huckstep, or what arrangements are proper for the appointment of his successor in the event that arrangements are yet to be made, since his death. . .

We have received this appeal from Mr Jeff Clark, on behalf of the **Australian Orthopaedic Association Limited;** Mr Clark seeks information regarding the WOC (Aus) Region at this address, please.

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