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.

Addressing this Newsletter on April First, raises fears of tricks and superstitions quite inappropriate to the message. Nothing in this letter can described as an April Fool joke – more is the pity.

The WOC Newsletter conveys messages based upon very general medicine. This not to be confused with antique out-dated technology, but with the sound base of pathology seen in profusion in areas of deprivation and neglect. We suggest there is less to gain in human terms from the discovery of unique cases of rare disease, than from the run of the mill (million?) road traffic accidents. The urgent global need is for general medical tuition about matters where modern professional medicine has hardly reached – for reasons of poverty.

Mortality is related to social structure. Quite unsophisticated medical care saves lives, and it broadens the mind of the medical student who struggles to understand totally amazing phenomena at a time of life when essential biological truths relate to the rest of his life as a doctor. The modern trend leaves behind that which has long been discovered, and is no longer exciting!

Modern medical education must be aimed at understanding the facts of Life, rather than learning about clever tools to achieve rare transient experiences. At times of incomplete information, today's tools may yet become a cause of complication, treading upon uncertain ground. The duty of every educator is to provide the foundation upon which the trainee will make the right and proper analysis of all that he does in the future. It is the intention of every teacher, to give to his student the base upon which to judge the facts he will confront for the rest of his life. It is not how to use this or that technical tool. Having been a specialist, this writer rejects it, as leaving behind the needs of the masses.

Books have become less relevant to undergraduate education as the breadth of coverage has expanded. It has become too broad a subject to be encompassed within a single tome. But the elements of musculo-skeletal disease have, for the majority of mankind, altered little. It has become difficult to bring up to date the classic undergraduate texts of a century ago. In fact it is their very antiquity that remains relevant. All the books of that age (and every country and continent has its own favourite) are still the chosen works for the vast majority in great need.

UK readers will be familiar with the books of **John Crawford Adams**, who wrote specifically for the undergraduate student, but whose books remain the staple for general surgeons, in the historic sense of that adjective. Our Hon Treasurer records the continuing legacy from JCA's will, - the royalties from his publications,towardsr the educational commitment of WOC.

These thoughts convince me that the most vital anatomical lessons concern the maintenance of Life, dependant on a tissue's blood supply. Any doctor who is responsible for the death of any tissue, must bear some feeling of guilt – a principle which will constantly recur in instructional sessions.

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Different problems afflict the Health Services of UK, Europe and US. (c.f. the political struggles in each western nation on the subject of its national budget).

Daily the popular press complains about the standard of care provided by the medical profession in hospitals and in the community service. Perhaps this reflects a degree of private guilt? Many complaints are about the universal shortage of doctors at every level, and many cry out for support for incurable paralysing or degenerate conditions. Yet over a period of a few decades medical appointments have more than quadrupled.

Is there a version of Parkinson's law in operation? Specialties multiply in relation to the number of spare practitioners, or to the level of a community's level of hypochondria? Yet there is none eager to look after unattractive illnesses, nor the extremely poor. But perish those thoughts.. .

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In the affluent West there is plenty to worry about, quite out of ordinary proportion. On slow news-days "Health" is a reliable stop-gap. Headlines are full of drama, changing by the day, from triumph to tragedy and vice versa, flavoured with fear. They differ according to whether a disease is felt personally or relates to an entire community. The latter is tolerable; the former, hardly so. All are emotionally charged, whether the outcome has been has been happy or not. All will sell newspapers and attract votes!

The demand of the partially-informed patient is unrealistic and destructive of the very intimate relationship between patient and physician. This relationship is under threat, often through ignorance or revenge. Very few fatal outcomes were ever really reversible. Someone somewhere must have been responsible.! Recrimination by the law now requires that the doctor must accept responsibility for every sad outcome.!

The President of the British Orthop. Assoc. **Ian Winson,** has appealed for "the (UK) Government to follow through on its commitment to turn the NHS in England into a learning organisation where staff can feel safe to identify mistakes and incidents without fearing the finger of blame." In an essentially secular society, there is no Supernatural force to blame.

This is not so much a problem for the impoverished parts of the world; it reveals a global difficulty in everybody's home, caused by a frightened public with insufficient knowledge and less understanding. The human 'right to life' knows few bounds.

The lack of a stoical ethic leads to anger. Without an explanation for our very existence, mankind is obliged to complain about each other; and therefore revulsion of death and anything connected with it. From this we turn to superstition. . . .

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MYANMAR

Report on the situation in Myanmar, recently visited for the Nth time by Professor **Alain Patel**, who is soon to be presented with the Arthur **Eyre-Brooke Medal** for his life's work in Burma, on behalf of the Franco-Asiatic Medical Association (AMFA). He writes:-

"During my latest visit to Myanmar, I made these summary notes:-
I was in the country for five weeks to visit many of our hospitals.
In the capital city, Yangon, the Rector of The University, an Orthopaedic surgeon and very well known, Professor Zaw Way Soe, is working with the Ministry to develop Orthopaedics throughout the Country. In Yangon he has created a "School for Emergency Doctors". Some of his graduates are "in post" in provincial hospitals, in charge of Emergency Departments. Their success is evident.

In Orthopaedics there are huge numbers of patients, but the buildings and facilities are showing signs of age. Professor Christopher, an excellent surgeon and teacher, is the new head of the department.
The building dedicated to spinal surgery is working well; it is close to capacity with patients awaiting surgery for scoliosis or trauma. Four times a year surgeons and anaesthetists come from France, on a regular basis, to demonstrate and to teach.
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There are Trauma units In Yangon and surrounding hospitals, but they still lack the full complement of anaesthetists. The number of traffic casualties increases weekly, but now, by law, travellers have to wear safety belts in cars. There is a project to establish a school for the basics of surgery for the whole country, and AMFA is trying to help with

this project.

In Myeick (South of the country) the hospitals are being upgraded to 500 beds each. This will mean new building and more personnel. The four operating rooms and ICU are running well, ever since they were established by AMFA 10 years ago.

In Tandwe, the hospital is expanding and they are building two new operating rooms, providing good sterile conditions for orthopaedic surgery. AMFA is providing implants and technical equipment.
In summary, year-by-year, the situation is improving and teaching is sound. For the future, they request more opportunities to send specialists in training for hand surgery and paediatric orthopaedics.

Professor Alain Patel

GENEVA

A message from Dr. Shiva Muragasanpillay **(WHO)**

"Dear Colleagues.

As a "follow up" to our previous communications and conversations on the national and international leadership of WOC and SICOT. . . an appeal for prioritization and increasing investment in Country/National and WHO global surgical programs . . .

We announce the imminent World Health Assembly (WHA) – in Geneva, May 25th to 31st 2017. This meeting presents a life-time opportunity based on the ongoing work and leadership of WOC and SICOT and the Lancet Commission on Surgery.

Both **Walter Johnson** in WHO; (Global Surgical program;) and **Emmanuel Makasa** (Health attaché in Zambia,) are mobilizing the Geneva Country missions and WHO secretariat. They are hoping that China, India, UK, Dutch/Belgian, Zimbabwe, South Africa and other countries who are part of WOC/SICOT leadership and network, will be in

Geneva to support mobilization of their country official delegates to the World Health assembly and participate in a high level policy meeting on Surgery within the World Health Assembly.

Please note that SICOT-WOC would need to submit officially to WHO names of those planning to attend to be able to participate officially in the World Health Assembly

http://www.who.int/surgery/en/

ENGLAND

On the same subject, the London Conference of **Global Surgical Frontiers** (GSF) takes place on April 20 & 21st 2017, at the Royal College of Surgeons (Eng).

The aim of the Conference, as every year, is broad, to inform about global needs in surgery and to provide information as to how surgeons can be involved in training and research in Low and Middle Income Countries (LMICs). The message is practical participation, exercising classic surgical principles in places where modern new-fangled unproven toys have yet to reach.

Two years ago our GSF conference coincided with the launch of the Lancet Commission on Global Surgery, a major piece of academic work that outlined the state of surgery in the world, and threw down a challenge to all stakeholders in global health to work together to improve surgical services in the LMICs.

Most people in the world do not have access to surgery. 5 billion out of 7 billion inhabitants do not have access to safe affordable life-saving surgery. Surgery should no longer be isolated from other health conditions. It is an integral part of a public health system.

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 countries' health systems. The World Bank has added surgical indicators to its measures of a country's economic status.

This year our theme will be children and young people's surgery. Most Low and Middle Income Countries (LMICs) have a demographic breakdown, indicating that nearly half of the population is under 16. This year's conference has been expanded to a second day, run by the trainees organisations ASIT, GASOC and MEDSIN.

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A message from **Dr Babar Shafiq,** from the Johns Hopkins Trauma Center, at the invitation and encouragement of Dr. **Jim Cobey** "I am a junior faculty member in the Department of Orthopaedic Surgery at the Johns Hopkins Hospital in Baltimore. I've recently travelled to Addis Ababa this past month for teaching, to meet the local orthopedic faculty and to participate in an AO-Alliance/Australian Doctors for Africa course.

Ed M.Laurence

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