

World Orthopaedic Concern

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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 who may not be connected through the "net." It is addressed to all interested in orthopaedic surgery in Areas of the world with Limited Resources, but with great need.

WOC looks back on 2012 with some satisfaction, but also with it some impatience, born of Concern.

The **33rd SICOT** meeting in Dubai was as predicted, well supported and attended. The hosts were determined that the scale should be in no way less than the "Triennial" meetings which are usually greater, and their ambitions were realised. Some 1500 verbal presentations, 670 as free papers, were delivered to numerous side theatres, covering a full spread of specialities. And therein lies one of the major concerns of the Society, and every other major Conference - how to cater for the unquenchable thirst for the latest, most up-to-date gadget and invention in orthopaedic surgery (no longer can everyone see and hear everything) and at the same time encourage those with restricted budgets.

Each day's program commenced early with "Instructional Course" lectures, which were excellent; but the curriculum cannot be the same for every different socio-economic circumstance. Clearly many seeking knowledge and professional promotion require tangible evidence of their knowledge, in the

form of internationally accepted certification (Fellowships, Masterships, Diplomata). International recognition calls for a consensus of standards and breadth of specialities.

The **revolution within WOC** gathers pace, at the root of which is organisation, and a definition of our capabilities and **appropriateness**. That last word calls to mind that pioneer of basic orthopaedic practice, **Jose Antonio Socrates**, whose death at a young age, was announced from his home in Palawan this year. (*c.f. the last page here.*) He coined the word in his book “Appropriate Orthopaedics” presenting the possibility of treatment in the absence of facilities. **Louis Deliss** has written a glowing obituary in British Orthopaedic News, reminding us of the debt we and hundreds of Palawan people owe to his refusal to allow lack of equipment to prevent or obstruct fracture care. His was the foundation upon which orthopaedics has always been built, not the total structure, but the essential basis.

The function of our **Newsletter** is to inform the orthopaedic world of situations out of eyesight and out of funds. Modern surgery cannot be afforded by three quarters of the world’s population, but just to wring ones hands in despondent sadness is not acceptable. We owe a huge debt to such organisations as **HVO** from **America**, and **MSF**, and **WHO**, and a dozen others, whose charitable works have enabled many priceless enterprises. It is WOC’s duty to recognise and publicise these in order to encourage others to a most rewarding enterprise (intellectually and surgically.)

ORTHOPAEDICS OVERSEAS

We wish to welcome the new Chairman of “Orthopedics Overseas”, a division of Health Volunteers Overseas, and once upon-a-time of WOC. **Dr Gary Anderson** has launched the new **Orthopaedic Research and Education Foundation (OREF)** this year. In his introductory presentation he regrets to the plight of under-resourced parts of the world, the widespread lack of funding for diagnostic testing, the intermittent electrical power, "disposable" equipment that must be re-used, waiting rooms of patients who have traveled for days, etc. The Intension of **OREF** is to improve the availability and quality of orthopaedic care in developing countries **by teaching and training local health care providers.** (*our emphasis.*)

This last group includes a variety of workers with a wide variety of basic training. WOC, of course, follows this principle closely, supporting the generation of **Clinical Officers in Malawi** and many ancillary health workers to whom the injured patient might of necessity turn in the absence of any formal medical service. Dr Anderson is quite right that this ambition costs money and the HVO appeal is addressed largely to the generosity of American philanthropists (to whom appreciation is due).

WOC has expressed a willingness to open a debate with the huge number of unregistered “traditional healers” who have always provided more than 80% of primary care to accident and emergency care in SubSaharan Africa. Most of it is extremely skillful, but sometimes – rarely – damaging. There is no greater untapped resource in WOC’s opinion. c.f the article in the **SICOT newsletter No 49. Oct 2012**, written by **Professor Geoffrey Walker**)

OPORTUNITIES

We pass on announcements from HVOUSA of **Orthopaedic Travelling Fellowships** to be awarded in the coming year, which will provide funding for senior orthopaedic residents (4th or 5th year) to volunteer in an active HVO orthopaedic project for a period of at least four weeks. Four fellowships are available in 2013. Visit the **HVO Fellowship webpage** to learn more. The closing date for applications is April 20th 2013 (info@hvousa.org).

GHANA: HVO is also appealing for surgical volunteers to advise, teach and train surgeons at Komfo Anokye Teaching Hospital in Kumasi. Surgeons specializing in trauma, paediatrics, and hand/upper extremity are particularly needed. Please contact the **program department** of HVO for more information. (info@hvousa.org)

MYANMAR: Previous Newsletters have described the sterling work of **Professor Alain Patel**, a sole western Orthopaedic presence in Rangoon, Myanmar. He had enjoyed a great deal of support from his native country, France, but the financial problems affecting the European community, have brought much of that to a halt. But a new message from Alain speaks of a small chink of light in the curtain, caused by the unique visit to Myanmar by **President Obama**. Alain may soon be in a position to welcome surgical colleagues from abroad. He reports that a team from Switzerland is coming to assist in paediatric and burns cases, together with those from Toulouse and Marseilles already with him. (www.amfa-france.org).

NEPAL

Professor Ram K. Shah writes from Kathmandu to report the plans to organise orthopaedic training in Nepal. The **M Ch. in Orthopaedic**

Trauma is designed to provide a proportionate blend of practical surgical work in the disciplines of orthopaedic trauma, and also theoretical studies covering the spectrum of trauma including adult, paediatric and geriatric populations, and basic sciences, involving mechanism, physiology and practical problems, arising from of injury and fracture healing.

This concept is clearly based upon the courses and university degrees provided in several other countries and institutions. The comprehensive curriculum might be criticised only in that it contains too much! It is reassuring that there is to be a clinical part to the Mastership examination, but emphasis must remain squarely on the character of orthopaedic pathology in Nepal and available investigative equipment, for some time to come. There is no way in which every village patient could (or would be able to) afford the price of modern scanning.

Many of us have been involved in Nepalese orthopaedics will recall the energy and enthusiasm of the young surgeons in training, in the various provincial towns. Political unrest interrupted that work of western consultants, amongst them **David Jones, John Fixsen, David Griffiths and David Jameson Evans**, and now stability has made that contribution ready for repetition. As in so many similar countries, limited resources make sophisticated surgery possible only at the major centres, but progress towards the goal of widening that facility, will be made possible only through working clinical visits to provide the stepping stones towards modern practice. (c.f RKShah@786@gmail.com)

SICOT

SICOT is very much “alive and well” with plans already made for the next Conference, to be held in **Hyderabad**, in November 2013, with the stated subtitle, “**Orthopaedic Surgery in the Circumstances of an Unequal World.**” This shall surely be the opportunity for the followers of WOC to demonstrate our repeated theme of “appropriateness” to the needs of the greater part of the world. Remember the world makes different demands on its surgeons. Skills required for practise in New York, Tokyo and Paris, differ from those essential for Sub-Saharan Africa, and vice versa for that matter?

The WOC session at the 2012 SICOT meeting was well attended with an impressive mixture of classic, large-scale rural camp service – for polio in India – and modern practical management of the special needs of late and neglected skeletal injury. *(It is curious how much “rostrum time” is given in the course of the main meeting program, to Rescue and “Revision” surgery, compared with conditions which have not been treated at all, presenting with bizarre late deformity).* There was also one presentation of a series of an entirely original and simple surgical management of crush fractures of the heel bone.

Now is the time to prepare to present and publicise the ingenuity and energy of those performing orthopaedic surgery, “South of the Sahara” and equivalent places. The closing date for submission of a summary in time for the SICOT meeting in Hyderabad, is the **end of March 2013**.

Our penultimate item is an **APPEAL for APPEALS !!** There has been an encouraging response to our publicity for volunteers. But they can not and must not present themselves uninvited and unannounced.! It is up to

prospective host institutions to write to us (or partner organisations) and up to us to match western volunteers with your requirements. Please use this Newsletter as your link.

Finally, - An edited extract from the Obituary published in British orthopaedic News December 2012

Louis Deliss, Chairman of the Palawan Trust, reports the tragic news of the too early death of **Jose Antonio Socrates**, the doyen of orthopaedic expertise in **Puerto Princesa**, Palawan, the third largest island in the Philippines. For many years he was the only doctor on the island with orthopaedic training. Originally he was trained as a geologist and retrained in Medicine in the US, and the UK, in postgraduate surgery.

Ipswich was the most influential of his postings where he acquired the fundamentals of trauma care and saw the necessity of that service in his own country. All his energy and dedication was geared towards the poorly resourced parts of the Philippines, and while still in Ipswich a Trust was set up to enable the establishment of his service in the provincial hospital in Palawan. From there he taught and launched the concept of "Appropriate Orthopaedics" and wrote one of the major treatises (with that title) on the conservative method of managing fractures (still available, free, from the office of the Palawan Trust.) The fact that he declined to charge patients for his service gave rise to some resentment among newly arriving doctors, but "Soc" remained no more than mildly amused. His work was legendary among the islands and he was honoured with the Eyre-Brooke medal from WOC, the Sasakawa Health Prize from WHO, and the Outstanding Alumnus Award from his university in Manila. His expanding department is the only supplier of artificial limbs and braces in the province, and their only true Rehabilitation Unit.

His memory and inspiration will live on in the work of Cecile, his wife, who was fully trained in Rehabilitation in London, and supervises the development of a new building which Soc designed. (ML)