



Newsletter

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Distributed from: laurence.woc@gmail.com

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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.

There will always be a degree of inequality in the world, nowhere more pronounced than in the field of Health Care. We live competitive lives, comparing that which we experience with imagined improvement. Whether rivalry proves to be constructive or the opposite will only emerge with time, through assiduous review. Nothing remains the same; least of all our assessment of the efficacy of things. Our basis for comparison is changing continuously.

For these reasons it is incumbent on us constantly to compare, -- to change that which is not good enough; but at the same time to a preserve that which withstands critical appraisal. Few inventions described as “New and Improved”, actually prove to be so.

Comparative evaluation takes many forms. In the case of Health Care, there are at least four bases, each appropriate to its viewpoint:

1. that of the body responsible for a nation's economy,
2. the nation's security,
3. the function of its productive work force,
4. and the well-being of every citizen, irrespective of productivity.

Each group has its own agenda and separate clientele. Rival interests relate ultimately to survival of society. Bases of comparison vary according to self-interest, humanity, economy and morality. Each will make a different assessment. Societies with a democratic foundation will differ from those with more authoritarian regimes, but each will have its own method of controlling (and changing) its leadership.

WOC must be biased in its opinions, but we claim no power. If humanity and rights are prominent, a more even distribution of techniques of correcting ill-health will have a place in a nation's consideration.

Following Newsletter No 205 (q.v.), an attempt was made to address a particular country's problems; but they are complex. Medical science has made enormous strides, but every one is more or less expensive. It is a country's individual decision as to how it uses its financial resources. Our duty begins (and ends) by initiating discussion on possibilities and feasibilities. But independent study of "progress" reveals an increase in the width of the "Gap" between the situation for the affluent, and the poor. The latter outnumber the former, but the former shout louder.

The demands of the moneyed minority do have a stimulating effect on health economics; but the wealth and health of a country depends on productive labour, and that depends on unsophisticated medicine and surgery.

CHARITY

Ways of expressing humanitarian concern abound, but economists, with a distant viewpoint, will see the impossibility of provision for every

individual person. The practice of medicine is an intimate profession; socio-economics is the opposite.

Together with Concern, goes that overused term, “Charity”. Taken simply charity is not attractive, either to give or to receive. At the personal level it reflects emotion; at the national level it does not. What might seem to be kindness, fails on the count of Economics. Nobody responsible for a substantial budget has a feeling of righteousness when donations are made. Small gifts are rewarded emotionally, but only large ones can have significant effect. However they demand back-up, and continuity, and repetition.

The story of modern surgery is uncomfortable. There are no “quick fixes.” As engineering becomes increasingly ingenious and bold, it is simultaneously expensive and out of ordinary reach for the multitude.

The great majority of injuries are minor, simple and cheap to mend. General Surgery (or General Orthopaedics) are no longer taught in the “centres of excellence” in western cities. An illustration of the opposite follows. It illustrates the way in which advances in a surgical service has to be built, slowly and methodically, *pari passu* with the acquisition of all the details of sterility and rehabilitation, without which advanced techniques may fail; 25 years is a short period of time in the development of a national service.

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There follow two important contributions with sharp differences. The reader must judge them, but both include the donation of Time, and an understanding of surgical resources.

Orthopaedic History, in Myanmar.

In 1963, a visit was made to the young, soon-to-be Independent Nation, by **Edgar Somerville**, (Oxford) with **Peter Wright** (Kent). His commission was to make certain recommendations, with regard to surgical training in Burma. He deemed it “essential that with the passage of time, the host country will take up

the major responsibility, with aid from visiting orthopaedic surgeons, who would help to train Burmese doctors, around whom the service would develop.” This was thought to be infinitely more effective than to bring Burmese surgeons to the West for training; which is of doubtful justification, given the shortage of doctors throughout the world.

After two years Somerville’s report to the British Orthopaedic Assoc. enunciated what was to be the guiding principle for WOC, -- ”that they (the surgeons in the areas of restricted resources) should be trained in their own country, on the type of case which they will be called upon to treat, and under conditions (including equipment resources) which obtain locally.” After all, local knowledge is so much more valuable than the small print of rarities. This enterprise failed only because of international happenings, and internal disturbances.

From this early exploration, seeds of Orthopaedic surgery were sown; but it was another decade before diplomacy presented an opportunity to **Alain Patel**, who had worked periodically in southeast Asia over the previous 20 years. “My purpose (he writes) was always to help hospitals of developing countries in the orthopaedic and traumatology field. That is why I founded the Franco-Asiatic Medical Association (AMFA) to set up a real medical cooperation with many South-East Asian countries.

At the **38th SICOT** meeting, to be held in Cape Town (December, 2017) an important award is to be made to **Professor Alain Patel**, to mark his life-long dedication to orthopaedic and trauma services in Myanmar.

*[Some background info.] When World Orthopaedic Concern was inaugurated in Oxford, one of the founding members and driving forces was **Arthur Eyre-Brook**, from Bristol, UK. Once WOC was established, several colleagues thought to mark the importance of the work by awarding a medal, to a surgeon who had devoted his life to the care of injury and deformity in remote places with grossly restricted equipment*

*. “The first award (writes **Iqbal Qavi** from Dhaka) was made to*

*Professor **Shamsuddin Ahmed** of Bangladesh, in 1990, (reference WOC Newsletter No 49). Prof Shamsuddin's contribution to orthopaedics in Bangladesh is immense. I am delighted that the E-B/WOC award was created to honour long term contributions in the field of orthopaedics, in remote places."*

This fourteenth award, To **Professor Alain Patel**, will be the second for Myanmar (– the sixth was to **Dr Myo Myint** in 1996.)

Reports on 25 years of surgical work since 1978, have appeared periodically in these Newsletters (e.g issues 114, 128, et al).

The following is a summary of his achievement --

AMFA Association Medicale Franco Asiatique. in Burma.

In 1978, then a young Burmese surgeon, Dr **Myo Myint** approached the Myanmar Ministry of Foreign Affairs, raising the possibility of developing links with foreign Universities to help with surgical training.

Professor Alain Patel made an exploratory visit to Burma in 1980, meeting with seven Burmese colleagues, whom he later invited to France, through AMFA. So the scene was set for the next 25 years. 68 exchange visits have been made involving the following distinguished French surgeons, **Professors Gagey, Honnart, Langlais, Patel, Jouve and Sales de Gauzy**, and **Doctors Demigneux, Bricout and Scemama**, involving Myanmar and the neighbouring country, Thailand.

Professor Patel was incorporated in the Burmese Medical Association and was supported by grants from both Myanmar and French Government, bolstering his own private sources, over a period of 20 years. He was appointed to the Chair of Orthopaedics in Yangon University and during his regular prolonged visits, he arranged regular visits to Institutes in France for his Burmese colleagues, to be trained in specific surgical procedures.

Under his direction, AMFA accepted responsibility for equipping the hospitals of Yangon and Mandalay with surgical equipment appropriate

to the developing skills of the new young surgeons. Special units evolved for paediatric, spinal and trauma units, and for regional units beyond the major cities. Each was modernized and supplied with implants and consumables, in Myeik, Myiskyina and Tandwee.

Progressively, year-by-year, the extent of the equipment (together with the skills as required) have included arthroscopy, replacement arthroplasty of hip and knee, spinal stabilization and all manner of fracture fixation. Each year the extent of his organisation has expanded to include every ancillary aspect of his subject, to teach and train anaesthetists, radiologists, operating theatre staff, physiotherapists, in short every aspect of hospital health care seems to have grown out of Orthopaedics!

Alain attributes much of his accomplishments to the colleagues and friends in Myanmar, particularly the collaboration with Professors Myo Myint and Soe Tun and to Dr Kyaw Myint Naing, and their assistants. Myanmar has been rewarded by patient collaborative construction and by exceptional generosity of spirit. Those attending the meeting in Cape Town will have a fuller exposition of Alain's achievement. The award is made in recognition of his work, but perhaps even more important is the recognition of his adopted relationship with Myanmar, its health ministry, its universities and its hospitals and staff.

In making this award the officers of WOC follow the history of 14 awards over the past 28 years; Professor Patel has relied on many French colleagues, and he will be the first to acknowledge the philanthropy of the French Government. This has been an outstanding achievement, and demonstrates the importance of collaboration with host hospitals and authorities at every level.

The following announcement (quoted from the BMJ) was sent to us from Mr **Geoffrey Glazer**, (MS FRCS) who acts as adviser to the HCA Foundation, regarding their scheme for creating Training Scholarships.

Re: HCA FOUNDATION SCHOLARSHIPS.

“The HCA International Foundation’s objectives are to support education and training. HCA International is generously supported by the Welton Foundation, an independent charity. Details about the Foundation can be seen at <http://www.hcainternationalfoundation.co.uk> .

“In the last eleven years we have given away £696,000 to 130 young doctors with an average award of £5350. Although the majority of these were for surgical specialties the Trustees of the HCA Foundation would be happy to sponsor suitable candidates in any field of medicine.

“I should stress that we do not support research applications, but for training in specific techniques or disease processes, so that candidates can gain experience that may not be provided in their home training program. Awards have been made in diverse areas such as foot and ankle surgery, advanced head and neck cancer, brachial plexus surgery, management of trauma and transplantation surgery. This gives some idea of the breadth of our concern; successful candidates have had training attachments in in UK, Japan, Australia, America, Canada, Israel, and South Africa. The value of these scholarships could be up to £20,000 per annum for something exceptional, although to date the appointees have received awards ranging from £1,000 to £15,000.

(Geoffrey Glazer MS FRCS (to whom applications should go, by way of the website quoted above.)

The above ‘flier’ proffers generous support for a young surgeon keen to acquire a new skill. It is appropriate to a trainee in a hospital post, where the lead surgeon is keen for his department to expand. In other words the applicant should have the active encouragement of his (or her) “boss”. The value of this scholarship lies in the prospect of being able to employ newly acquired skills.

M. Laurence

