



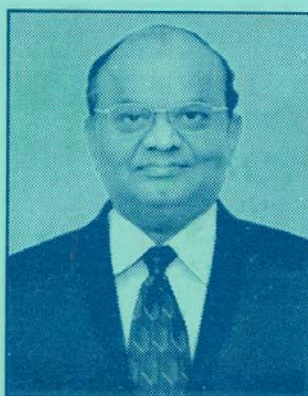
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Presidential Oration

"Orthopaedics Redefined in the New Millennium"



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ORTHOPAEDICS REDEFINED IN THE NEW MILLENNIUM

Honourable Chief Guest, Guests of Honour, Dignitaries on the Dias, Senior Teachers in Orthopaedics, Brothers and Sisters of the Orthopaedic fraternity :

It is with immense pride and joy, that I stand before you on this august occasion of the 51st Annual Conference of the Indian Orthopaedic Association, to deliver the prestigious "Millennium Presidential Oration".

It was Sir Isaac Newton who said, "If I have seen further, it is by standing on the shoulder of giants". Certainly that is where I am standing today. I wish to express my appreciation to all of these stalwarts of Indian Orthopaedics, who have preceded me in this office. I have endeavoured to emulate the standards set by them. I thank them for inspiring and challenging me and strongly influencing my career. They deserve credit for what I have accomplished professionally. There is one person whom I would like to single out - my genetic and academic father Dr. M. Natarajan. To him and my mother Mrs. Janaki, I offer my dedication for having given me all that I need which is the reason for me standing in this position today. My gratitude to my teacher Prof. T.K. Shanmugasundaram who selected, trained and examined me and my father figure Prof. Shantharam Shetty for having paved the way for my holding this post today.

I have chosen the theme of my lecture as "Orthopaedics Redefined in the New Millennium" because Indian Orthopaedics has flourished in several ways since the turn of the new millennium. The last 15 years have seen rapid strides in the progress of Orthopaedics in this country, but this process achieved fresh momentum over the past five years and this has been the golden period of Indian Orthopaedics. Several developments have taken place at a rapid pace to bring us to a level where we are second to none in terms of capabilities and facilities. The turn of the millennium saw a significant surge in patients requiring Orthopaedic treatment, because of the increase in road traffic accidents, industrial mishaps and disasters producing mass casualties. But I am proud to say that we as a team have risen to this challenge and Orthopaedic care is now being provided even in areas that were once considered remote. This would not have been possible without the concurrent expansion of the orthopaedic implant industry in India, which brought world standard implants and instruments within the reach of the common man. Patients are now at a position to choose their surgeon and hospital according to their affordability, but still receive the highest quality of medical care and latest technology.

Indian Orthopaedics, which was a trade that was practiced by a few selected, has now spread its wings and reached every city, town and village in this country. This is a tribute to the great senior teachers and surgeons of this Association who acquired training abroad, came back to their motherland, adapted their knowledge and training according to the local needs and facilities and most importantly passed on their knowledge and expertise to subsequent generations. These eminent stalwarts have ignited the spark that has reached far and wide and raised standard of Indian Orthopaedics among the best in the world. We now have centres of excellence in the sub-specialities of Orthopaedics offering world standard care and we have reached the era where patients have started coming to us not only from other Asia but also from European countries. We are at the doorstep of a surge in medical tourism to our country. While we strive to improve our standards, we should not forget the common man, who requires the same quality of care, at an affordable cost.

We are on the threshold of a new millennium - a time to introspect, to take stock of what we have done so far, correct our pitfalls and shortcomings and plan ahead for a healthier future. As we stand today, in the new millennium, technology changes our tomorrows from today, as it has changed our todays from yesterdays. I wish to share with you my thoughts on the problems that we face in the present scenario, and my ideas on the future for our profession.

DOCTORS - "THE NOBLE CRUCIFICATION"

In today's world, society calls a doctor 'noble' but crucifies him. The last 3 decades have seen remarkable changes in the diagnosis and management of diseases in the global scenario. But all this has come at a price. Despite our knowledge and expertise, the public attempts to persecute us at the slightest pretext. For any complication beyond our control, we have consumer protection cases slapped against us. Since surgeries are expensive, more patients tend to consider us as high cost doctors. Many think we have to respect for human values.

In this era of globalization of information, the patients have access to reliable information about their problems. They have become more aware of the developments in technology and medical science and they rightfully demand the best care. Unfortunately patients also have access to misleading marketing information. And what we see is that patients who are disillusioned and have diminishing confidence in us, end up in the hands of alternative medicine systems and quacks. I think the problem lies not only with the public, the media or the quack. It is time we reappraised ourselves, not just our techniques or technology, but our approach, our relationship with patients and their relatives, and our general attitude about ourselves.

DOCTOR PATIENT RELATIONSHIP

The cure of any healing process lies in the Doctor Patient Relationship - whether medical or surgical. It is this Doctor patient relationship that has lifted our profession and made the doctor worthy of respect and worship. There has been a steady erosion of the Doctor patient relationship in the recent past and this has been observed worldwide. It is a reflection of the general decline of moral standards, the changing nature of professional practice, materialism and commercialism. The times are changing. Yesterday's patients have become today's consumer. The doctor is seen not as a divine healer but as a health care provider. And in the eyes of Society, Medicine is deemed a Trade rather than a Profession. Naturally we doctors are treated accordingly.

Increasing specialisation, increasing number of surgeons and high costs, have turned our profession into a very competitive field. Ultimately, this has exposed the profession to litigation and needless harassment. We must remember that we are doctors primarily, and our greatest priority should be physical and mental welfare of our patients. Healing requires a doctor patient relationship of mutual respect, a respect that needs to be earned by both parties as in any other human relationship. Let us strive to achieve it.

DOCTOR DOCTOR RELATIONSHIP

Dear fellow colleagues, I urge you "Let us keep the Orthopaedic family together". We must stand united amongst us in the local community, region, state and national level. This will enable us to keep our profession focussed on the welfare of our patients and withstand the assault on us by society. We must strive to establish and maintain a unified and cordial relationship with our Orthopaedic colleagues. We must realise that our fellow Orthopaedicians are our best allies in the zeal to improve the quality of care given to our patients.

I sometimes wonder, if we could learn a lesson from the legal profession. During the argument of a case, lawyers aggressively attack each other, but as soon as the court is over, the two are discussing sports over a cup of coffee. Despite the competitive nature of their profession they maintain a degree of professional respect toward one another. Perhaps we can learn something from their example.

Let's not make snide or demeaning comments about our Orthopaedic colleagues in public or in front of patients. Rather, let's use the proper forums of peer review within professional organizations to criticize constructively, when we believe that the best possible care has not been provided.

ACCOUNTABILITY AND EVIDENCE BASED MEDICINE

My brethren, let us accept that there is an increasing demand for accountability in all areas of society. Society today, wants the doctors to not only treat their ailment, but also be professionally accountable. Hence Evidence Based Medicine, a term that did not exist a decade ago, has captured the imagination of clinicians and health policy makers.

As doctors, we are involved in clinical decision making all the time. Will surgery benefit the patient? What type of surgery? Let us see how these decisions are made in practice. Several of us rely on what we have learnt from seniors or from experience. Some of us swear by what the textbooks tell us. A brave few may try and find out what the medical literature has to say on the topic. Herein comes Evidence Based Medicine, which is a process of integrating individual clinical expertise with the best available evidence from systematic research. In order to be accountable, all expert recommendation should be based on a systematic appraisal of the best evidence available.

THE BONE AND JOINT DECADE (2000 - 2010)

Musculo skeletal conditions are the most common causes of severe long-term pain and physical disability affecting millions of people around the world. As these conditions are not fatal, they have received less attention from policy makers, the media and the public than have Heart Disease, Cancer and AIDS. The first decade of this century (2000-2010), has been announced as the Bone and Joint Decade by the World Health Organisation and endorsed by the United Nations. The goal of the Bone and Joint decade is to improve the health related quality of life for people with musculoskeletal disorders throughout the world.

The goals of the campaign are

- 1) Raising awareness of the growing global burden of musculoskeletal disorders on society
- 2) Empowering patients to participate in decision related to their care
- 3) Promoting cost effective methods of prevention and treatment and
- 4) Advancing research to improve existing methods of prevention and treatment.

It is our duty and commitment to ensure that the benefit of this initiative reaches the common man, coming for treatment to the public and private hospitals which we cater to.

THE HEALTH CENTURY

The twenty-first century may be rightly hailed as the health century, because of its inherent potential to usher a new health paradigm through path-breaking scientific advances such as genomics and proteomics and pace-setting technologies including molecular biology and bio-nanotechnology. While advances in life sciences continue at a rapid pace, the hiatus between what is known and what can be delivered as quality health care to the people is ever-widening.

It is gratifying to note that several of the Eight UN Millennium Development Goals, are health-related. These include (1) Reducing child mortality (2) Improving maternal health (3) Combating HIV/AIDS, malaria and other diseases (4) Eradication of extreme poverty and hunger, with the target of reducing proportion of population below minimum level of dietary consumption (5) Ensuring environmental stability with the target of reducing population of people without access to safe drinking water and basic sanitation. With these goals outlined above, we can optimise health outcomes and the twenty first century will indeed be hailed as the health century.

DISASTER AND MASS CASUALTIES

Disaster is a calamity arising from natural or man-made causes, accident or negligence resulting in substantial loss of life or damage to environment of such a magnitude so to be beyond the coping capacity of the community of the affected area.

The Government of India have instituted a National Disaster Management Authority (2005) to undertake a holistic, co-ordinated and prompt response to any disaster and mass casualty. This is chaired by no less a person than our Prime Minister of India. They have laid down guidelines to be followed by the different departments for prevention and mitigating the effects of any disaster. The States have also formed a State Disaster Management Authority (2005), chaired by no less a person than the Chief Minister. Each State is in the process of starting a Disaster Management Department for dealing with disaster and mass casualty situations.

At present even in tertiary hospitals the emergency services are equipped to cater only for few patients. If these services are thrust with a sudden inflow of patients due to mass casualty where 100 or more people are injured, the system will be unable to cope up to the demand which will result in chaos.

We, the Medical Professionals, in keeping up with our social responsibility are in the process of formulating a "Disaster Health Care Management Policy" when there are mass casualties of any nature numbering over 100. In this connection, I have prepared a Pilot Project on Hospital Protocol for Disaster Management and mass casualties for implanting in major hospitals across the country. As the President of Indian Orthopaedic Association, I have great pleasure in submitting the same to our beloved Honourable Health Minister.

ORTHOPAEDIC SURGEONS - A MISNOMER

I strongly recommend changing the name of our speciality from Orthopaedic Surgery to Orthopaedics. This is because our speciality exists to provide care for all patients who have musculoskeletal problems, not just those who are referred for operative treatment. Primary care, conservative management and rehabilitation are all part of our obligation as a good Orthopaedician. Somewhere along the way we have deluded ourselves into believing that we are meant only to operate. An exclusive focus on operations and operative technology, although more financially lucrative in the short term, will ensure a diminishing scope of Orthopaedic practice. If we ignore the non operating side of Orthopaedics, some other speciality or some other alternative system of medicine will take it over, which will be great loss to our speciality.

CHALLENGES AND OPPORTUNITIES IN THE FUTURE

We have just started the new millennium. At this juncture, the words of the great poet Subramaniya Bharati who had given a call for creation of a new world order, echoes in mind - “புதியதோர் உலகம் செய்வோம்” - “PUDIADOR ULAGAM SEIVOM”. We have to blend today's reality with tomorrow's dreams. The practice of Orthopaedics twenty five years from now, will be different as the current practice of Orthopaedics is, from what it was twenty five years ago. I quote science fiction writer Isaac Asimov, “It is change, continuing change, inevitable change, that is ; the dominant factor in society today. No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be. This in turn, means that our healthcare planners and the medical profession must take on a futuristic approach and plan for the future so that we can make constructive developments keeping in mind the demands of the future.

What does the future hold for us? We are entering a new age with new challenges, new risks and new opportunities. Change now comes at the speed of light, with the click of a mouse, and in an electronic flash that travels around the world in an instant. We must not only react to it but also capture it and make it work for us.

We are leaders in the amphitheatre of medicine's future and are poised at the threshold of unimaginable technological advancements, incredible diagnostic care, molecular technology, genetic research, gene therapy, tissue engineering and minimally invasive operative techniques. The new era of biology has the potential to conquer cancer, grow new blood vessels in cardiac patients, create new organs from stem cells and even reset the genetic code that causes our cartilage to age. Very soon we will be able to transplant virtually any tissue without fear of rejection. We will have an artificial meniscus, will be able to reconstitute articular cartilage and will be able to accelerate fracture healing. Finally in the educational area there will be a time when surgical skills, education and all that you can acquire in an Annual Conference, except perhaps the opportunity to share a meal with a colleague, can be accomplished through “virtual reality” as you sit at your home computer.

CLOSING REMARKS

I take this opportunity to look back and reflect. After 2 decades in this speciality, I must say that Orthopaedics is a wonderful speciality and has given me more than I dreamt. It has given me opportunities to build my career, acquire professional skills, discover my creative abilities and attain material well being. I had the benefit of having mentors who have been supportive and helped me progress in my career. I have a more than satisfying relationship with my colleagues and I have associations with proteges that has been very fulfilling.

I would like to end with the plea to bridge the gap between ourselves and the people we cater to. Let our noble intention be understood. Let us remember the heart between the head and the hand. Let us not be crucified in vain. We must talk to our patients with a new voice, listen with a fresh ear and hear with a new understanding.

I quote a comment published in The New England Journal of Medicine which applies to our professional life regardless of how far the winds of change take us "I am still a doctor, destined for more uncertain times, unmanageable days, undeserved rewards, and the inexhaustible opportunity to touch the lives of those I treat. And to change their lives as they have changed mine. Our work bears the stamp of centuries old tradition and is carried forward by each new class of doctors. We are lucky to be here, doing what we do, still students of medicine, tending to the afflictions and infirmities of those who call us Doctor".

I finish with a prayer to the God Almighty that "May each one of you attain greater heights of Professional eminence and earn the gratitude of the people and the society that you may continue to serve with devotion and dedication."

Ladies and Gentlemen, I am beholden to you for your kind attention.

Thank You,

MAYIL

