

IOA PRESIDENTIAL Lecture

Dr. KH Sancheti

President IOA 2005

Honorable Chief Guest Padma Vibhushan Dr. R. Chidambaram Principal Scientific Advisor to the Government of India and Chairman of Scientific Advisory Committee to the Cabinet, Guest of Honour Dr. (Mrs) Mrudula Phadke, Vice Chancellor, Maharashtra University of Health Sciences, Honourable of Post Master General of India Mr. A. P. Srivastava, distinguished members on the Dias, Past Presidents of Indian Orthopaedic Association, distinguished overseas and Indian faculty members, attending delegates, invited guests, ladies and gentlemen.

This is the 50th year of our Indian Orthopaedic Association, being the President during Golden Jubilee year was indeed a great honour for me and at the same time a great challenge. But this challenge was not so daunting because of the cooperation and assistance received from the members of the Executive Committee of IOA. I profusely thank all the members.

The alluring journey of IOA started in 1955 on a resolution signed by 15 stalwarts of Indian Orthopaedics. In 1971 Indian Orthopaedic Association was born as an independent entity.

On this auspicious day of completing 50 years, I on behalf of the Executive Committee would like to pay tribute to Prof. MG Kini of Chennai, Prof Chandra of Kolkata, Prof RJ Katrak of Mumbai. Till the late 70's, Orthopaedics was part of general surgery. Today, Orthopaedics is considered to be an established clinical entity having various super specialties. For this to happen we need to pay tribute to men of vision like late Professors BN Sinha, KS Grewal, PK Doraiswamy, AK Talwalkar, KT Dholakia, MV Sant, N Natarajan and many others. These were the men who popularized Orthopaedics. I must make special mention of my mentor and teacher late Prof. AK Talwalkar for his initiative and who was single handedly responsible for starting 'Traveling Fellowship', creation of Orthopaedic societies like Bombay Orthopaedic Society and State Chapter, the Maharashtra Orthopaedic Association. Prof. B Mukhopadhyay of Patna was a pioneer in promoting Orthopaedic and Research Foundation of India.

GOLDEN JUBILEE

In the Golden Jubilee year, IOA embarked upon various

projects & activities. Let us shed light upon them:

The IOA took up two main projects :

1. Residual Polio paralysis Free India
2. National Initiative for Pre Hospital Trauma Care Awareness.

While the campaign for polio eradication is in its final stages, it is estimated that nearly 1 million polio affected victims are in need of surgical correction of their deformities. The IOA appealed to all its members to provide these surgeries practically free of cost to the needy patients. The reports are being compiled all over the country; more than 10,000 surgeries have been carried out.

Trauma is a killer disease. To create better awareness regarding pre hospital trauma care, we took up this project.

Rallies demonstrations & seminars organized simulated in nearly 80 cities and towns all over the country. In Pune we had nearly 1500 citizens, including doctors, students, NCC cadets participating in this rally. We were overwhelmed with the excellent reports from all quarters of the country for this campaign.

IOA has always cared for its younger upcoming surgeons. For the benefit of its younger members, Instructional Course Lectures are arranged regularly. IOA is striving hard to get Orthopaedics recognized as a separate subject for evaluation in the undergraduate medical curriculum.

MOTTO

With advances in information technology and communication, there has been a boom in scientific knowledge and it becomes virtually impossible for Orthopaedic surgeons to keep pace with it.

I realized the importance of knowledge and its meaningful application and hence as the President I evolved this motto and theme for IOA Golden Jubilee year which 'Not only knowledge, but its application'. I have benefited following this and I strongly advocate the same for my fellow members.

EDUCATION

Being head of an autonomous teaching PG Orthopaedic

Institute and Physiotherapy College, I have realized the fallacies and lacunae's in imparting knowledge to the post graduate students. With this in mind I wish to do some introspection.

1. Do we have a standardized syllabus ?
2. Is our assessment system based on ground realities and is it foolproof ?
3. Does the student appearing for an examination have capacity to apply his knowledge practically after qualifying ?
4. Does it really create good human beings with humane touch ? This is a crucial aspect for a medical professional, which is being neglected.

Forty two years ago, when I was doing my MS (Orthopaedics), I had to read to volumes of Campbell's Operative Orthopaedics, one text book of Mercer and Watson Jones in 3 years time. What is the status today ? In the same 3 years a resident has to read 5 volumes of Campbell's Operative Orthopaedics, different text books + journals. The operation manuals describe more than 900 techniques. How many operative techniques an average Orthopaedic surgeon needs to understand and practice them to perfection ?

I remember the words of great physicist Heinz R Pagels 'Information is just sign and numbers, while knowledge involves their meaning. What we want is knowledge and its application, but what we get is information'.

Education system at present is completely changing all over the world; we are still following the old British education pattern even though in Britain itself, the systems have undergone radical changes. In progressive nations priority is more on understanding and application of education than mere teaching. The need is to overhaul our undergraduate and post graduate teaching.

Clay P. Bedford quoted 'you can teach a student a lesson for a day ; but if you can teach him to learn by creating curiosity, he will continue the learning process as long as he lives'. The present system of bed side clinic needs to be changed to case studies as its is done in the management institutes such as the IIM, Ahmedabad or any other institute of repute, with stress on Dialogue than Monologue.

My personal feeling is the undergraduate medical education should be need oriented with a stress on preventive strategies, emergency care, routine environmental and tropical disorders.

For the post graduates, we need to create training format which will have 3 clear categories

1. General specialist Orthopaedicians – 3 years training
2. Orthopaedic Teacher - Additional 2 years training
3. Orthopaedic super specialist additional 1 year training.

As I mentioned earlier it is important to create human beings through education. Let me share with you my personal experience. In my own institute, I have every day in the morning 6.30 am a class for meditation and all concerned attend.

My attempt is to help to concentrate, to meditate, to get over tensions and to make a good human being with a humane approach required for our profession.

RESEARCH

The operative treatment is frightfully expensive because of high cost implants, instrumentation and rising inventory.

It is said that the only phenomenon which is constant is change .. I have always adhered to it and I have also worked towards changing for better. The need is to innovate.

To assess our own needs. My little experience in developing implants to replace the joints has taught me lot of things. For the last 8 years I zealously tried to design a knee implant and I am happy the prototype has now been introduced, and I am equally happy to note the concept has received encouragement from many of my colleagues.

Ladies and gentlemen, many of my colleagues do have many innovative ideas with sound clinical application and good results to meet our patient's needs. Let us appreciate and recognize their sound work.

FDA

There was a gazette notification that alike the pharmaceutical companies, implant manufacturers and distributor companies will need FDA certification. More than 200 vendors who manufacture implants and instruments unfortunately do not possess facilities for standardization of quality control. I heard there is a place in Bhayander Mumbai, where they make implants out of scrap.

The cost of this implant is naturally very low and they sell the screws by weight and not by numbers. They can do so because Orthopaedic surgeons practicing in economically poor areas buy them. Friends ... is this the right way ? No. patients post operative results and his ability to gain maximum function should not be compromised on the cost because the benefit of low cost implant can be hazardous. I feel the step of FDA is in the right direction.

HEALTHINSURANCE

With the advent of health insurance or Medi-claim as it is popularly known, industries and the common man are getting immense benefits. Quality treatment is now in the reach of many. It has also opened the window of options to the patients. We as medical practitioners should be aware of this fact and keep in mind that medical insurance is set to change the total scenario in terms of patients affordability and capacity to pay. We have to gear up to the challenges they are proposing as I am of the opinion it will go a long way to benefit our patients.

ANNUALMEETING

We need to look to International meetings which are of high credibility. What is that, AAOS attracts 18000 surgeons for its annual meetings, from all over the world ? The deliberations are based on sound assessment of the material presented, usefulness, and critical analysis of any new idea for safe clinical application.

So let us have our meetings, and programs which are attractive, affordable, incentive oriented and cost effective. It should attract every Orthopaedic surgeons. He should be, must be and has to be involved. The future meetings should have contents of 80% of most applicable, 10% of what is happening to the world, 10% to whom does he reach to solve his difficult problem. Entertainment is integral part of any meeting. Fun, food, frolic is essential. Dine, drink, and dance is a must but on an evening, but not every evening.

This year has been a fruitful one year. As a president of IOA and Chairman of Organising Committee, I have no words to express my heartfelt thanks to the members of the Organizing Committee from Maharashtra Orthopaedic Association, Bombay Orthopaedic Society and especially to

the Organizing Secretary of IOACON 2005, Dr. Ram Prabhu. All of them have worked day and night to make this grand show on earth possible. Organising a meeting of this magnitude is a great challenge and the IOACON Organising Committee has risen up to this challenge.

There may have been omissions, and commissions on our part during this period. In case there are any, as the Chairman of the Organizing Committee, I am responsible. Suggestions have always enlightened my path.

PRESIDENTELECT

Experienced and the young talents, today are contributing together. We need to create a power of well trained, enlightened and committed cadre of Orthopaedicians. I am confident that by doing so we can bring out the true potential of Indian Orthopaedics.

My friend and our President Elect, Dr. Mayil Natarajan is young, dynamic and an internationally acclaimed surgeon. He is innovative. Handing over the reigns of this organization to him at the end of the meeting will be pleasant privilege. I wish him success.

I conclude my presidential speech by a quote from great ancient physician and surgeon – Sushruta.

‘To allay the suffering of the sick, to relieve pain, to reduce disability, let us follow tenets of Sushruta, to help the sick to heal the wound reduce suffering, with their own ability and reach and to offer our service as a reward and not as remuneration’.

Thanking you, Ladies and Gentlemen.

I hope you enjoy this meeting and go back with enhanced knowledge and as better Orthopaedic surgeons. Let me wish you a Happy, Prosperous and Healthy forth coming New Year 2006

Thanking you.