

NEWSLETTER



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An International Society for Orthopaedic Education and Care in Developing Countries

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The strictures and demands of Evidence Based Medicine (EBM) require the challenging commodity of 'Time' in order to assess the reliability of a hypothesis. But this principle applies essentially to the claims of "good results". Disasters are more immediately clear. It is now two years since the Tsunami struck South East Asia; at least two more major disasters have occurred since.

The lessons have not been learned. The results have been uniformly poor. They were not Orthopaedic, nor even essentially Traumatological. Each personal tragedy was instantaneous and for the most part inevitable in the immediate circumstances.

Lesson 1, accurate advance warning.

Lesson 2, get out to high/safe ground.

Lesson 3, relates to the bitter experience of local political obstruction.

All too often seismic or volcanic eruptions seem to affect areas of the globe already afflicted by war or near-war internecine strife. Only when local sectarian enmity can be set aside, even temporarily, can Humanitarian effort be activated. It is then that Trauma Teams can gain access to save lives and to mend limbs.

SICOT has circulated its members (November 2006) responding to the international enthusiasm for organised support for International disasters (cf. WWW.sicot.org). The profession has the logistics and competency, in collaboration with certain specialised NGOs (of which WHO ICRC, MSF and WOC claim a place) to create now a database of potential volunteers. When

catastrophe strikes, it is already too late!

Three categories are to be studied and provided: 1. Immediate, to depart within 24 hrs. 2. Deferred, to travel at about two weeks, or as soon as the ground can be laid for reconstructive surgery to take place; and 3. Expert missions for forward-looking evaluation, on a grand scale.

This venture is launched in a succinct circular, from **Professor Hinsenkamp**, SICOT Secretary General, to all members, entitled "SICOT Health Action and Crisis Activity". It receives the strong support from our International President, **Professor Rajasekaran**, who encourages all WOC members to communicate directly with the SICOT Secretariat (Fx:- +32 2 555 9 91) to learn more and to offer their names, without binding commitment.

Too often in our world, the medical and popular press will seize excitedly upon the latest mode of surgical or pharmacological treatment. Too often the disaster situation requires the exercise of simple basic principles of management which have not only been unchanged for a hundred years, but have been deliberately set aside as substandard in favour of technology which is far beyond the price reach of 99% of the world's population. It is the old case of the excellent being the enemy of the good. The endoscope and the microscope have become unconscious weapons against the poor.

It is important that this statement is read as a biased one, from the bottom, up. The record of cooperation with hospitals in developing areas is impressive, confirming that they **are developing** areas. With regular visits over a few years, each has grown in knowledge and confidence (the two go together) so that soon they seek, not implants for fracture fixation but complex pieces of equipment, testing their capacity to service them. Those WOC members who initiate such developments must then move on, to where basic assistance is still required. All too soon the growing child overtakes his teacher, and the teacher starts again with a new class.

In this regard, ancient national borders have melted away (or should melt away) and been replaced by divisions within the medical community in almost every country in the world. Most countries now have experts who have learned the greatest skills with which to provide the best for the few who can afford it, and who need it for survival at a special level. (One is thinking of athletes, of various sorts, on the world stage.) But the plight of the many, and in increasing numbers, whose capacity simply to survive depends upon simple food and shelter, and the means by which to acquire them, may depend on someone who can splint a fracture (safely), reduce a dislocation, manage a wound or correct a deformity. We see a real danger that the education of doctors has placed too much emphasis upon the esoteric and the high-tech. which are beyond the economic reach of the majority of mankind.

In the last edition we announced the sad death of one of our founding fathers, **Ginger Wilson**, about whom there will be many comments and expressions of appreciation in the years to come. Indeed there is ground swell of support from the International President of WOC and others that Ginger's energy and philosophy be commemorated regularly with a lecture to be given at each Triennial Meeting of SICOT. The first is most appropriately to be given by his great friend, **Kanda Pillay**

REGIONAL REPORTS.

Relevant to numerous regions of developing countries, **Ron Huckstep** continues to update and modernise his CD Rom and Internet website (www.worldortho.com). In an appreciation, Dr. Tony Helman writes:- "Part of this website has been made possible with generous assistance with copyright from the International Publishing Co., Churchill Livingstone....One interesting feature of this intriguing site, is the remote consultation service, by which doctors isolated from specialist assistance can consult "online" with specialists over difficult cases." Ron has presented a digest of all his well known publications, with hundreds of pictures gleaned from his experience in Africa, covering such classic "non-western" conditions as polio, tuberculosis, club foot and so-called tropical infections. Sections cover spinal conditions, compound injuries, paralysis and parasites. The website is constantly updated with a section on new techniques; it is growing into a comprehensive text; and it contains all the back numbers of this Newsletter!

This desk is always delighted to receive regular news from **Jose Antonio Socrates** from **Palawan**. He continues with his promotion of "Appropriate Orthopaedics." In the latest draft of his Research Agenda, he lays out the basis for his work in his remote area of the Phillipines, where he sees little chance of increased qualified medical staff; and yet the need for care for the injured is shown by the profusion of Bone-setters. As a result of this sad truism, "**Soc**" has concentrated upon spreading basic fracture teaching to the Village Health Workers of Palawan. He records and studies the effect on the village communities of the dissemination of his printed instructions, in their own language, and quantifying the avoidance of the tragic complications of "tight bandage gangrene." He bases his teaching upon the avoidance of surgery for fractures and the training of methods of traction and splintage without constriction.

Soc's 'Statement' contains examples and quoted references for the conservative principles of fracture management, many of which have been neglected, if not forgotten in modern teaching; and then they have to be learned again when the case of great complexity beyond the reach of the longest plate or nail, presents in the Emergency department. He has had abundant messages of appreciation for his work from people in high places, but sorely

lacks the financial support with which he could spread this message to similarly deprived areas, even beyond his country. He has been awarded the Eyre-Brooke Medal for his work, but awaits its presentation. (WWW.britishpalawantrust.org.uk)

John Fixsen has recently returned from one of his regular visits to Afghanistan. His base is in Kabul, in the northeast of the country, one of the relatively peaceful areas. This enables him to take a short break at the end of two weeks of intensive clinical work, to see the ancient, unspoiled beauty of the country. Surgical work is limited by shortage of both trained people and equipment but there is no shortage of ground work to be done in the form of teaching and training. It will be a long time before all the double amputees (land mines) are equipped with prostheses and trained to use them.

The hunger and enthusiasm for information is endless, as is the prospect for work capable of completion, as security improves. The SGAA retains its name – the **Sandy Gall Afghanistan Appeal** – because of the huge publicity that that eminent journalist put into the project. It has now been given even greater support, (rather than been “taken over”) by the Swedish Foundation, which gains by Sweden’s scrupulously unaligned international position. Fixsen writes that the work progresses, largely based upon **Jeanne Hartley**, a brilliant paediatric physiotherapist, **John Lamb**, a senior children’s orthotist from the Royal Perth Hospital, W.A., and the mothers’ desperation to learn. It is doubly frustrating to see the natural intelligence of these women impeded by their lack of the most elementary education. Sandy and his wife Eleanor, continue to be approachable through sgaa@btinternet.com.

The final item is not strictly a regional announcement, but no one who reads these Newsletters will be surprised that the work in **Malawi**, which has been so well reported in these pages over the years, has been recognised and acknowledged in the appointment of **Professor Chris Lavy** to the prestigious Order of the British Empire (OBE). Lavy is now on the teaching staff of the Radcliffe Infirmary at Oxford but he will always retain his association with Blantyre. For fear of repetition, I warmly recommend readers to review the old Newsletters from the days of Ginger Wilson’s editorship of this Newsletter. They are still available to be read on the old WOC website and through Ron Huckstep’s CD Rom, referred to above.

Our last statement has to be repeated, that WOC still lacks the generous support is used to receive from the Lee-Shaw Foundation, for the proper distribution of this Newsletter by ordinary mail. (Replies to Appeals to other Philanthropic Bodies are still expected...). In the meantime we appeal to the various Regional Secretaries of WOC to ‘down-load’ this letter and circulate it to any who do not have access to the Internet. This imperfection of communication also explains the paucity of news from the Regions. Please make use of the addresses on the top of this issue, so that the Hundredth can be celebratory.

Michael Laurence