

Opening Address

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I am quite certain that those who have preceded me and have stood at this address will agree that the most taxing of the presidential duties are the responsibility of caring for the jewel of office and the task of addressing the association. The rest is truly a wonderful experience. The annual meeting of the ASEAN Orthopaedic Association is returning to its place of birth for the first time this year. It's a sort of pilgrimage and perhaps it's time for stocktaking.

I am sure everyone would agree that both the Junior and Senior AOA Travel Fellowships have contributed to our collective experience and expertise in orthopaedics. These fellowships afford an opportunity to renew friendships and promote goodwill and cooperation amongst the orthopaedic fraternity of the ASEAN Orthopaedic Association was published in July 1987 due to the pioneering efforts of Charoen Chotigavanich and the member of this Editorial Board. I feel such ventures are praiseworthy and deserve our unflinching support and patronage.

I should now ask your indulgence to bear with me in my effort to grapple with some of our everyday concerns — the selection, training and accreditation of orthopaedic surgeons and perhaps allude to the probable significance of the orthopaedic tree on our logo and coat of arms of our ASEAN Orthopaedic Association. The theme of planting and growing such a tree is not without its difficulties and to select and train an orthopaedic surgeon presents its individual problems. In the first place one must choose the right seed. In any stand of trees there are great variations. To apply this selection to the orthopaedic surgeon is a task of greater dimensions. An individual's presentation and enthusiasm are the essential ingredients for selection. How can we enhance this bloom? I believe we should be doing more amongst the undergraduates and the postgraduate to make the science of the locomotive system more appealing. My generation

and those before us, were largely self-taught. Then revolution came about. Structured training schemes and organised teaching had an unrestrained development. I would like to see the creation of a system where the developing surgeons in each ASEAN country organise their own training. They would be required to meet and structure an educational programme for their own needs and standards. For instruction they would select those in the ASEAN community who would have most to offer. It would be prestigious to be asked to contribute. It may even sound like a pipe dream in utopia when there are other mundane hurdles to be overcome like the approval of leave of absence from work and other pecuniary disadvantages. Notwithstanding all this, I believe there is a trade-off. Instead of duplicating our efforts, we should develop centres of excellence in specialised areas for the whole region in one country. For areas of special expertise available like microsurgery in Singapore, Spinal work in Indonesia etc they would develop suitable workshops. Operative experience would be satisfied by adequate assistance and apprenticeship. The emphasis would shift from the instructors determining the type of training to the recipient seeking instruction according to his needs. Adaptability would be the keynote and as such, we will be true to this quality of our orthopaedic tree. There should also be a degree of accountability. We are dealing with mature men, men of great enthusiasm, often of great intelligence than we who try to instruct them. They are short only in experience and knowledge which can be acquired in due time. We should make the environment conducive to the development of their full potential.

Dwelling on the metaphor of the tree further — the emerging tree in a forest needs some protection and to gain some strength from the tall trees about it, but at the same time, to see above a patch of light into which it can grow. The quality of our educational processes has a very direct bearing on how our Association will develop. I trust a lot of the dogma will disappear — and I am sure it will be

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replaced by creativity. My generation was dominated by the dogma which issues from great names — Sir Robert Jones, Sir Watson Jones, etc. The modern variant is the authority of the 'manual' — like the AO manual etc. Would we not be better to create an atmosphere where the emerging orthopaedist adopts more the attitude of challenging and questioning all teachings?

There is an area of concern which I believe we have to address ourselves to and which I find disquieting. It pertains to the increasing specialisation and later alienation in our field of surgery. The emerging orthopaedist is making the decision, and to a degree is forced to decide, to specialise early in this career. The reward is that he towers above those about him and, if he chooses well, is an immediate success. This movement has led to an explosion of our knowledge. It may lead to a degree of over treatment. Time will bring this back to a rational level. The otal process is so much like the movement of separation of orthopaedic surgery from general surgery. Ineed this has made us aware of the element of antagonism that develops between the parents and offspring in this process. Furthermore, let us not delude ourselves and assume that loyalty will prevail, when we observe that in 10 or 20 years hence a hand surgeon will have little common ground for conversation with a back surgeon, and a knee surgeon with a paediatric surgeon. The simple question is — what can we do to keep these groups within our parent Association?).

The first is to recognise that change is forthcoming, and to react with a constructive attitude, indeed to learn from the failure of the College of Surgeons to handle a similar movement in which we were a part. The second is to be creative and define precisely the specialist groups and to organise an executive in each. This type of endeavour would keep each member within the family. Several groups, running concurrent sessions at this

meeting is a move to this end. Finally we must be sensitive to change and to reflect this awareness in our educational programme, our certification and the structure of our executive body. We see the parallel situation in forest development, where the forester of today will plant diverse types of trees to produce healthier growth. Nicholas Andry bound a plane tree, a tree that grows straight by nature. There are some who see the binding of the trunk to the stake, symbolic of the correction of deformity as outmoded by modern technology. There is a suggestion to change to a device — an external fixator here in our arms of our association to signify the higher skills of today. It is true that if you look after the trees, the forest will look after itself. One stakes an orthopaedic tree and applies the first tenet of the science of orthopaedics. It will grow straight and remain as a symbol of what this Association stands for. It will remind us of the bond between this Association and the tree. The practice of orthopaedics and medicine is today being assailed by politicians and the media. They do not know the heritage of fine customs, scholarship, honorary work, of inbuilt responsibility that is being eroded by crass commercialism. An essential ingredient of our system is the freedom and the total independence of the doctor and his patient. Propriety and fair play should be the basis of our everyday work.

I leave you with the words of Baron von Mueller — words which could be interpreted as expressing the future hopes for our Association.

"Let us regard the forest as an inheritance, given to us by nature, not to be despoiled or devastated, but to be wisely used, reverently honoured and carefully maintained. Let us regard the forests as a gift, entrusted to any of us only for transient care, to be surrendered to posterity as an unimpaired property, increased in riches and augmented in blessings, to pass as a sacred patrimony from generation to generation"