

South East Asian Orthopaedics in the New Millennium

The practice of orthopaedic surgery varies greatly within the member states of the ASEAN grouping. Although each country has striven to improve the standard of practice, clearly evident from their contributions to the Annual Scientific Meeting of the Asean Orthopaedic Association, there is still ample room for improvement and one must honestly admit that ASEAN as a whole is still way behind in comparison to the developed nations of US and Europe.

Except for Singapore which has an orthopaedic surgeon to population ratio of 1 : 30,000, other countries in ASEAN function under much higher and less desirable ratios, some of which are as high as 1 : 200,000. A critical factor which must be addressed for the improvement of practice standards is that of manpower capabilities. It is imperative that practising orthopaedic surgeons strive to upgrade their skills and broaden their knowledge. This can be done by exposure to conferences, workshops and re-training to keep abreast with current best practices. For the regional practice of orthopaedic surgeon to progress, the training of young orthopaedic surgeons must be considered carefully and standardised within each country, and possibly within the region. The number of orthopaedic trainees must increase to match up to that population growth.

It is also important to ensure that the practice of orthopaedic surgery is based on sound clinical and research grounding. Outcome studies, departmental and personnel audits must be enforced if any improvement in service is to be attained. Shortcomings must be immediately rectified. Clinical pathways must be developed and implemented in order to provide a consistent form of practice. The paramedical clinical supporting staff must be able to understand and support the system. This will form the basis of best practice based on clinical outcome.

We must never take our patients for granted. All procedures should be clearly explained as far as possible. Alternative procedures and outcomes should also be discussed. The emphasis on patient's interest cannot be overstressed. It is also important to empathise with their anxieties and that of their relatives. Seemingly "small" issues like booking for consultancies and waiting time should be minimised wherever possible. Needless waiting to see the doctor is not only a waste of time but adds friction to the doctor-patient relationship.

In conclusion, the orthopaedic surgeon of the new millennium in South East Asia should be very conscious of good service quality and clinical outcomes. He should always be a good surgeon, listener, teacher and research scientist.

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