

AOA: Meeting the Challenge of the Millennium

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This year we are celebrating the 25th anniversary of the ASEAN Orthopaedic Association. Being one of the founding members, I would like to share with you today how it began, how it progressed during these past two decades and how I visualize its new direction as it faces the challenges of this millennium.

The Birth of an Idea

1979 marks the year when several orthopaedic surgeons were gathered in an informal discussion. This was when the idea of organizing an association among themselves to formalize these exchanges of orthopaedic knowledge and concern was discussed.

It was in Bandung, Indonesia during the Indonesian Orthopaedic Association (IOA) Annual Scientific Congress that Dr Soelarto Reksoprodjo of IOA, Dr Jose Pujalte of the Philippines and some members of the Thailand and Singapore Orthopaedic Associations met and decided to formally organize it. Dr Pujalte was given the task to organize it within the year (Figure 1).



Figure 1. 1979, Bandung Indonesia – During the Indonesian Orthopaedic Association (IOA) Annual Scientific Congress.

- **Indonesia** Dr Soelarto Reksoprodjo and Dr Chehab Hilmy
- **Malaysia** Tan Sri Dato (Dr Abdul Majid Ismail and Dr P Balasubramanian
- **Thailand** Dr Thamrongrat Keokarn and Dr Natee Rukspolmuang
- **Philippines** Dr Jose Pujalte, Dr Jose Silao Jr, Dr Vicente Pido, Dr Antonio Montalban, Dr Ellewellyn Pasion and Dr Rimando Saguin
- **Singapore** Dr Ong Leong Boon and Dr Robert WH Pho

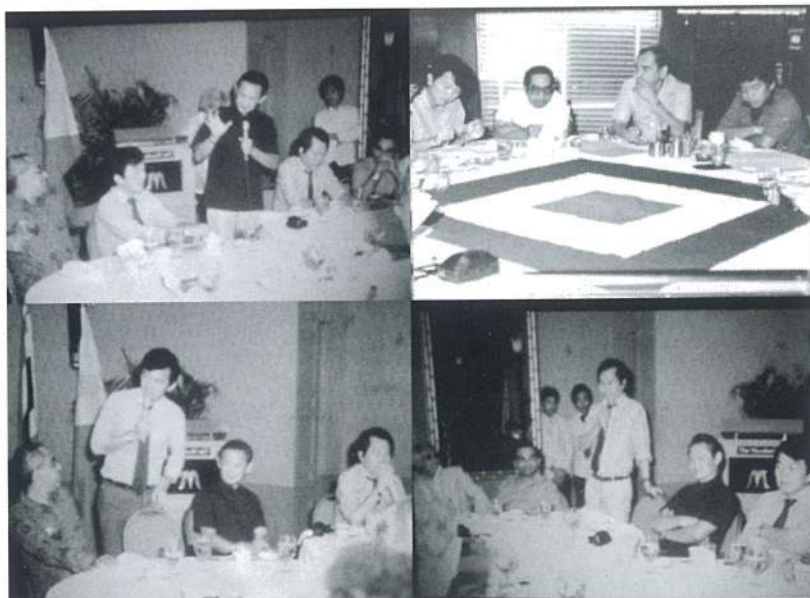


Figure 2. The first organizational meeting held in Manila in 1981

The Beginning

The first organizational meeting was held in Manila from 24th to 27th February 1981 (Figure 2). The participants invited to this organizational meeting included:

They were the Founding Members of the AOA.

During these 3 days in February 1981, a brainstorming session and meeting was held at the Army Navy Club in Manila to draft the Vision Mission, the constitution and by-laws of the ASEAN Orthopaedic Association. The 5 member nations who founded the AOA are Indonesia, Malaysia, Philippines, Singapore and Thailand (Figures 3 and 4).

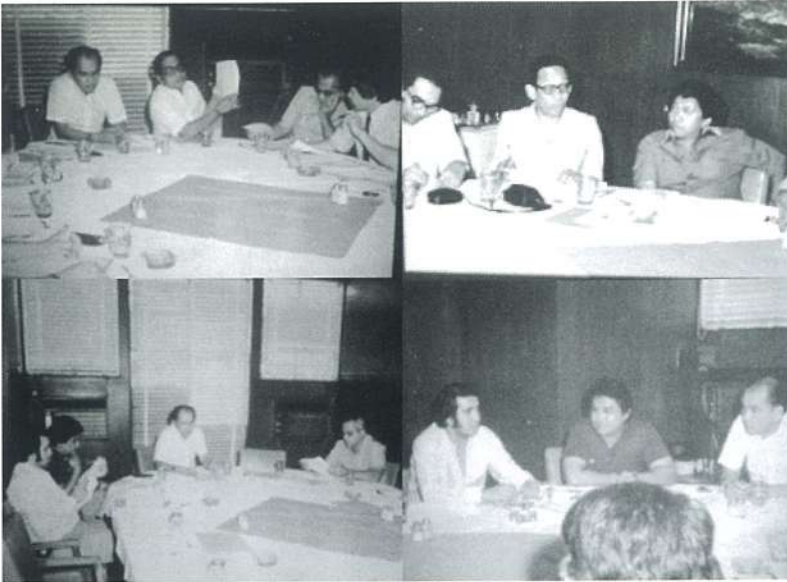


Figure 3. Clockwise from top left - Dr Silao and Dr Pujalte from the Philippines; Dr Balasubramanian and Tan Sri Datu Dr Ismail from Malaysia and Dr Pido from the Philippines; Dr Ellewellyn Pasion, Dr Montalban and Dr Silao all from the Philippines.



Figure 4. Dato Dr Ismail, Dr Soelarto and Dr Hilmy from Indonesia and Dr Pho from Singapore.

All fellows of the National Association of each country became automatic individual members of the ASEAN Orthopaedic Association (Corporate membership by nation). The Annual Scientific Meetings were held annually with each country being the host and the schedule of hosting was determined alphabetically.

Objectives of the AOA

The objectives of the AOA were to establish and maintain an association of orthopaedic surgeons in the ASEAN region, not for pecuniary profit but for the benefit of humanity by advancing the science of orthopaedic surgery and the ethical and competent practice of its art. The AOA aims to engage in scientific research through each National Association to determine the cause, nature and cure of diseases. It also aims to develop academic, social and cultural interaction among its members, promote

friendship and camaraderie by frequent exchange of fellows through scholarships, traveling fellowships, regular scientific meetings and social intercourse in the ASEAN and other regions of the world.

Organizational Perspectives

The organizational perspectives were to contribute to the stability, peace and progress in the ASEAN region through the science and technology of the orthopaedic specialty and also to be on equal footing with the First World Countries in terms of the science and art of orthopaedic Surgery by the beginning of the 21st century.

The perspectives included to encourage healthy competition as well as cooperation among the AOA members to promote closer ties and friendship and accept possible future members of AOA, from among the other ASEAN countries.

The dream of forming the AOA finally became a reality. With these objectives in mind, the Constitution was drafted on the 27th February, 1981. The officers who were to carry the torch of the organization were elected. These were:

First AOA Council

President Dr Jose M. Pujalte (Philippines)

Senior Vice-President Dr Soelarto
Reksprodjo (Indonesia)

Vice Presidents Dr Abdul Majid Ismail
(Malaysia)
Dr Thamrongrat Keokarn (Thailand)
Dr Robert WH Pho (Singapore)

Secretary General Dr Ong Leong Boon
(Singapore)

Directors Dr Chehab Hilmy (Indonesia)
Dr Antonio Montalban (Philippines)
Dr Ellewellyn G. Pasion (Philippines)
Dr Vicente Pido (Philippines)
Dr Jose V. Silao (Philippines)
Dr P. Balasubramanian (Malaysia)

The official inauguration and induction of officers was held in 6th December, 1981 in a combined meeting with the Philippine Orthopaedic Association at the Hotel Intercontinental, Makati City, Philippines.

Accomplishments in the past 25 years

The hosting of the annual meeting rotated among the 5 ASEAN member nations based on the alphabetical order of countries. The host nation organized a very comprehensive scientific congress with foreign speakers invited from the

rest of the orthopaedic world. The host nation chose the theme for that particular congress. All these past congresses always ended with a congress dinner and a party full of fun and camaraderie (Figure 5).



Figure 5. Participants at the 10th IOA Congress and 16th AOA Meeting Dinner in November 1996.

The Junior Traveling Fellowship started in 1983 (Figure 6). One fellow from each country will travel together and spend one week in each of the five countries. They presented their research papers and involved themselves in conferences and even surgeries in the different training hospitals that they visited. During the night, there are social functions to attend to foster closer camaraderie amongst them. Their last week is spent in the country which hosts the Annual Congress for that year, and this is where they present their research papers during the Traveling Fellows Research paper presentation. As of last year, there are already 110 Junior Traveling Fellows who have participated in this programme.



Figure 6. One of the Junior Traveling Fellowships

The Senior Traveling Fellowship was started in 1986 (Figures 7 and 8). Five senior orthopaedic surgeons from the 5 ASEAN countries traveled together for a total period of 2 weeks. They stayed for 4 days and 3 nights in each country and gave lectures and presented research papers in their particular field of sub-specialty and expertise. Occasionally, they also had requests to do live surgeries. Of course, there were also the usual sports and social activities and functions they had to attend to during their stay in each country. As of year 2004, there are already 95 senior traveling fellows who participated in the programme.



Figure 7. Some of the Senior Traveling Fellowships.



Figure 8. Senior traveling fellows in the hospital of Dr Soelarto Reksprodo in Jakarta, Indonesia, presenting some interesting spine cases.

Through the effort of the Secretary General Ong Leong Boon, the American Orthopaedic Association invited the ASEAN Orthopaedic Association in 1995, to a joint meeting (Figures 9 and 10). That first historic event was held in Greenbrier, Roanoke, Virginia, United States of America (USA). There were more than 50 ASEAN delegates from the 5 countries who attended. Since then, the Presidents of the 5 national associations have been invited to the Annual AOA meetings held in the USA. This has expanded the ASEAN connection and collaboration with the USA and North America.



Figure 9. Dr Ong Leong Boon at the joint meeting hosted by the American Orthopaedic Association.

Again, through the efforts of Dr Ong Leong Boon, ASEAN traveling fellows were sent to the EFORT Congresses since 1996, when the EFORT Traveling Fellowship was started. This led to the beginning of the AOA's collaboration with our European Orthopaedic colleagues.

The British Orthopaedic Association (BOA) – AOA Fellowship was started in 2004. During the past years, the current Presidents of the 5 ASEAN National Associations or their respective representatives have been invited to attend the Annual BOA Meeting in the United Kingdom (UK). This has likewise opened up more opportunities to collaborate and exchange expertise with our counterparts in the UK.

Possible Future Directions

The AOA plans to extend its invitation to the rest of the ASEAN countries and to invite delegates from these ASEAN countries to attend the AOA annual meetings so as to get them interested to join the AOA.

The original plan of the founding members to expand the AOA membership to include the other 5 ASEAN countries – Vietnam, Laos, Cambodia, Myanmar and Brunei – has not yet materialized. Till now, Vietnam has been the only country to send their senior Orthopaedic surgeons to attend the Annual AOA Meetings, but no formal acceptance to the AOA has occurred just yet. Vietnam has yet to form a single National Orthopaedic Association which is a prerequisite for admission into the AOA.

Problems and their Possible Solutions

Political

The political situations in some of the ASEAN countries have yet to be resolved as in Cambodia, Myanmar and Laos. In the case of Brunei, they still do not have a National Association since there are very few orthopaedic surgeons.

Socio-Economic

With the exception of Singapore and Malaysia, other ASEAN countries still have problems with their economy. In the Philippines and Indonesia, poverty is still a problem. As a result, many patients cannot afford the high cost of hospitalization and especially the high cost of implants.

Hence, they are reluctant in seeking medical attention



Figure 10. The Philippine delegation to the first AOA-AOA Meeting in Greenbrier, Virginia, USA.

and would either consult bone-setters or remain untreated. This is also one of the reasons why there are so many neglected and untreated fractures/dislocations especially in the rural areas.

The AOA executive council can form a working committee to look into ways on how to possibly bring down or at least subsidize the high cost of implants. It also hopes to start manufacturing ASEAN quality made orthopaedic implants for use in the region, as long as the quality does not suffer and conduct meetings with the multi-national companies to negotiate into giving special rates or lower costing for the ASEAN member countries.

Academic/Training

The AOA hopes to focus on how it can further improve the orthopaedic training programmes of AOA for residents/registrars in the ASEAN. They are the future of orthopaedics in the ASEAN. At their stage of training, they should be exposed to the best options in the diagnosis, treatment of orthopaedic diseases and ways to further develop their technical skills. The AOA should also continue to promote the exchange of expertise and skills and be updated on current trends.

The ideal set-up is to have a unified standard residency training programme among the member countries in the AOA countries. By doing this, our residents-in-training can be rotated in other training institutions for a short period of time, to learn more in a field which is the expertise of that particular institution. In short, there can be an exchange residency rotation amongst the AOA training institutions.

An exchange professorship programme can be started among University Hospitals in the AOA. This can easily materialize with a Memorandum of Agreement (MOA) between the University Institutions. The duration of the exchange programme can also be stipulated in the MOA. Orthopaedic institutions which can offer regular fellowship programmes in the different sub-specialties for a specified period of time can be identified. This will be offered to only those who have completed their orthopaedic training and will then become part of their postgraduate training into the sub-specialties. Examples of training would include spending 4-6 weeks in Malaysia for total joint arthroplasty, 4-6 weeks in Manila for Ilizarov method of fixation for infected non-union of fractures or spending 4-6 weeks for arthroscopy in Singapore.

As mentioned earlier, exchange of trainees in AOA training institutions can be realized if there is a unified standard training programme. The AOA can also start to hold regular trainee courses before or after the Annual AOA Meetings with senior orthopaedic surgeons as a faculty.

The National Board of Orthopaedics of each country can invite professors or senior Orthopaedic surgeons to act as external examiners in the Certifying Board Examinations. Indonesia has been doing so and the other countries like the Philippines are encouraged to follow suit. This would give more international flavour and prestige to the certifying examinations of that country.

In the field of research, standard protocols for diagnosis and treatment of common orthopaedic diseases in the ASEAN can be set up. The individual country chooses a person who will collaborate with his counterparts from the other AOA countries. By doing so, research papers can be produced collectively as a region which is similar to a multinational study on a particular disease entity.

Going further, an ASEAN registry on areas like joint arthroplasty, infections, trauma, tumor and diabetic foot problems can be started. A data base as a basis for research

can also be set up. Research data and results emerging from this would be representative of the collective efforts of the AOA countries and can be presented in the meetings in the USA, North America and European Congresses as ASEAN materials and data.

Technology

In order to improve communication among the member nations, the AOA can set up an AOA website which would facilitate interaction amongst members in the ASEAN countries.

The AOA should also continue to strengthen and contribute to the ASEAN Journal and work towards having it recognized as an international journal for orthopaedics.

Major Calamities and Disasters in the Region

Natural calamities and disasters do happen. In late 2004 last year, tsunamis hit the ASEAN region. This was followed by earthquakes and landslides.

The AOA should form a special working committee to set up the framework of a Disaster Team which can be mobilized during times of calamities. This should also include ways and means of immediate procurement and delivery of orthopaedic implants like IM nails, external fixators and soft goods which would be needed in such situations.

Relationships with other Regional/International Associations

The original 5 member nations of the AOA are known for their cohesiveness, strength and unity in spite of diversity and common problems that they may encounter in trying to cooperate, collaborate and to work as a team. These collective qualities should continue to be maintained so as to make the AOA stand strongly in Asia and most importantly globally in the field of orthopaedics. Support should be given to the other orthopaedic associations like the Asia Pacific Orthopaedic Association (APOA), of which most of the existing AOA members are already individual members of. We should cooperate and collaborate with our East Asian colleagues to improve and uplift the standards of the orthopaedic practice in the whole of the Asia Pacific rim and aim to be on the same level with our North American and European counterparts in this 21st Century.

Forecast of the Future

Let us make a difference in our own countries so that the AOA may make a difference in the field of orthopaedics in Asia. With the leadership of the future officers of the AOA and the continued support and cooperation of all member nations, there is hope that the next generation of AOA leaders will continue the legacy in pursuit of excellence in orthopaedics this millennium.