

50th Anniversary Celebrations—Golden*but all is not gold*

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On an occasion such as this—the 50th anniversary of the inauguration of orthopaedic surgery as a specialty service in Singapore—acclaim, commendations, praise and endorsement of our achievements will be the order of the day. This issue of the *Annals* carries 13 articles representing the different facets of our achievement. Lest we get carried away because of the occasion, let us take a moment to ponder on the events, that, too, should have been.

The patient previously abandoned in the wheelchair with crippling arthritis has a new lease of life and is now walking—but the doctor overburdened with work remains in bondage. The hours continue to be long. He has little time for his family and less for his patients. The problem is not one just arising from a shortage of orthopaedic surgeons but also from the practice of hospitals allowing patients to seek out the specialists without the intervention of a primary care physician. The orthopaedic surgeon to population ratio in New York city is 1:7,600, in New York state 1:19,000, in San Francisco 1:15,000, in California 1:19,000, while in Singapore, a country/city state with similar objectives and aspirations, the ratio is approximately 1:44,000.^{1,2} In California and in New York, the primary care physician controls the access of the patient to the tertiary care physician but not so in Singapore. This situation, where the doctor remains overburdened, has not stopped the progress of orthopaedic surgery but has led to lapses in our care.

Not surprisingly, the medico-legal climate is more hostile. The practice of orthopaedic surgery ranks with neurosurgery and obstetrics as that which carries the highest risk. As leaders in the profession, we have done little to avert this situation. We find solace in the old adage “*There but for the grace of God go I*”. Although errors in medical practice will happen, to be indifferent or fatalistic would increase the incidence of such errors and the risk of medico-legal suits. Risk management is an initiative both institutions and doctors should participate actively in if we are to contain this relentless tide of medico-legal suits. The single most important element—communication with patients, must be improved. The overburdened doctor currently has little time to indulge in this, leave alone to be trained in it.

Another casualty of this busy practice is the training of the next generation of orthopaedic surgeons for the nation. Our postgraduate training programme, in our opinion, despite the best of intentions and the high standard of its product, requires greater commitment from us. All of us involved in the training programme must make an effort to understand the programme and the needs of our trainees to execute responsibly our duties as trainers. Only then will we be able to optimise their potential. To some, the exit certification available today for our trainees is also confounding and needs to be urgently resolved. Fortunately, the average trainee in orthopaedic surgery is a well motivated individual, intelligent and capable who, despite being left to his own devices some of the time, has risen to take his place among the best doctors in the nation. We can only postulate how much better they could have been if our training programme had been structured well from the beginning.

The issues raised are not meant to dampen the celebration or demean our achievements. Recognising some of our deficiencies, we hope, would spur us on to greater achievement and commitment to our glorious profession, our patients and our nation.

REFERENCES

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