

Guest Editorial

The itinerant surgeon

I am filled with a sense of trepidation, foreboding and also guilt as I collect my thoughts for this article. On the other hand the Editor might have sensed that it required only half an invitation on his part for me to undertake this explicit piece. Perhaps the issue has rankled for sometime and that is why the alacrity. The foreboding, trepidation and the guilt are the result of the mechanics of the timid part of my mind, which tells me that I might be branded as narrow, parochial and jealous. There is also the lurking thought that I may be viewed as an opponent of exciting progress in the craft of plastic surgery which many a traveling surgeon unveils to Indian observers, live and in colour on large screens *via* modern technology. I have always wondered if unedited tapes prepared here or abroad would be adequate substitutes because this editorial is occasioned by a tragic incident following surgery and involved a baby on whom a new (!) technique was demonstrated. This effort is certainly not about fixing responsibility in a given case but the incident is certainly germane to any policies that we as an Association might need to frame for the future. Complications following surgery are a part of a surgeon's life and this fact transcends geographical boundaries. But the ability to anticipate problems following a new procedure and the wherewithal to deal with the problem locally, are two crucial issues when a traveling surgeon arrives to perform such procedures. The hosts are usually not bold enough to enquire about the first and the guest surgeon is loath to ask about the latter, for fear that he may appear too nosy or critical.

At the outset it must be made clear that an itinerant surgeon is not necessarily an alien or of foreign origin. Some of the more serious breaches of technique and propriety have been committed by Indian surgeons of the local or N.R.I. variety and I wonder if at least one of them can pass muster to be medically and physically fit. An old trainee of mine is ready with a long paper on a series of complications that an itinerant surgeon has unleashed.

Then there is 'the train' where Indian surgeons operate within railway compartments (also called bogeys in India; no pun intended) where only clefts of primary palates are treated, leaving the work on the secondary palates in the same patients and the complications of their work on the primary palates for a later date and for other surgeons. Their specious justifications are two fold: (1) Something is better than nothing and (2) we avoid doing clefts of secondary palates to avoid risks because our train has to leave for other destinations, like all trains do. To my mind both these rationalizations do not wash. I should know, having struggled with some effects of their primary work. Also remarkable is the fact that the train is not a shuttle. It rarely, if ever, comes back to the same station. It is like a comet where one must wait for long periods (if at all) for its future consequences. Follow ups are non existent, there is lot of publicity, and the results are never presented. Charity obviously has a great advantage; there need not be any long term accountability.

When I was the academic head of a very busy unit in a metropolitan city, there descended on us two experts who specialized in curing any kind of hypospadias in one stage. One was purely (!) Indian the other was purely (!) foreign. There was much fanfare (and also air fares!), half a dozen cases were done, half of them broke down resulting in fistulae. By then the delegates to the operating sessions had already departed and so had the operating faculty. If the successful (!) results ultimately ended in contractures of the neo urethrae, nobody knows. The hosts were happy they had organized an event; the guest surgeons must have felt happy because their statures were now further enhanced. As for the results, the hosts were blase because they were not the actual perpetrators and the perpetrators were after all only guests.

Notwithstanding the irony, sarcasm and the wounding nature of what I write, I am aware that a large majority of plastic (or for that matter maxillofacial) surgeons who travel to India and within the country at considerable

inconvenience, to share their expertise and skill, are genuine friends and benefactors. The tradition of taking a “Guru” is still alive in this country. I belong to the second generation of those surgeons who were trained here in India by Sir Harold Gillies and later Mr. Eric Peet (Oxford) who spent weeks if not months in India imparting skills and holding the hands of the then young plastic surgeons. But times have changed and we must live accordingly. The question of proper validation by local licensing bodies of foreign experts needs to be looked into. Our guests in a vast majority are skillful and adept but there is also no denying that the host surgeon vicariously or otherwise, is likely to present them with the more difficult cases. More often than not the hosts and the guests depart for or from scientific meetings soon after surgery and the stage is set for an impending medico-legal disaster. With the consumer courts entitled to deal with medical cases and the media gnashing their teeth I worry for some of my younger Indian hosts whose intentions might be altruistic but

who might be also aiming to enhance their careers through this foreign collaboration. I should know; I have traveled this dual path. And lastly there is the malodorous matter of fees. Who collects, how much, and how much is given, and to whom? We have not yet entered the era of full capital account convertibility. Till then the stink wafts.

I know I am stoking a fire and causing embers to fly. I am confronting iconic individuals and prestigious organizations. But somebody someday had to bell the cat. Certainly a debate is in order within the organization. Perhaps at the forthcoming meeting in Hyderabad if this issue of the journal comes out before that meeting. Please don't mistake my intentions because I write under a pseudonym. I have written under that name in other journals and newspapers in the past and my identity is known, to our editor.

The Lancer