THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SURGICAL NEWS

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It has been a busy year for the College media department with the launches of the surgical mortality audit and other issues.

Seasons Greetings and a Happy New Year

The College of Surgeons of Australia and New Zealand

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FELLOWS IN THE NEWS

Helping those in need

Dr Dilip Gahankari was asked by former classmates to come back to his home region to help treat some of the poorest villagers in India

IT IS THE sort of idealistic concept that many university friends discuss with youthful enthusiasm but sometimes fail to follow through – that is the idea of getting together to use their professional skills to help those in need. But late last year just such a project came into being.

More than 20 years after medical school, Queensland plastic surgeon Dilip Gahankari was asked by former classmates to come back to his home region to participate in a charitable medical program to treat some of the poorest villagers in India.

A facial reconstructive and hand surgeon, Dr Gahankari works out of the Pindara and John Flynn Hospitals on the Gold Coast and at the Burns Unit at the Royal Brisbane Hospital. He said he was pleased to accept the request and so spent a week in December last year operating and teaching in the town of Shegaon, located in the state of Maharashtra, of which Mumbai is the capital.

Dr Gahankari said his former classmates, most of whom were doing social work and community-based medicine, had scoured the remote areas of the region to find those patients who would most benefit from the treatment provided through the project. During his time there he treated 45 cases repairing facial clefts, burn contractures and scarring and removing cysts.

"The patients we treated were not from the town but from a remote area more than 200 kilometres away. These were people from a tribal community who normally would have no access to modern medicine," Mr Gahankari said.

"We wanted to reach out and help them, and we could do this because we spoke their language and we had systems in place to allow them to access treatment, including funding for travel and accommodation not only for the patients but for their families and social workers to assist them to deal with the process.

"India's public hospital system is completely free, but it is so over-crowded that it cannot meet demand, which means that the wait can be too hard and too long for many. We were seeing children of 11 or 12 severely disfigured with facial clefts – and the social stigma that comes with that – who would never have received any treatment without a project like this one."

Operation in progress

Mr Gahankari said one of his former classmates behind the aid project, an ophthalmologist, had arranged for the team to use one of the theatres at the local hospital while others had brought medical students and nurses to watch the procedures and attend lectures. The enthusiasm of the students and those involved in the care and treatment of the patients had been extremely rewarding.

"I taught the medical students to take photographs of everything and to document every patient by name, age and other demographic and clinical details so that they didn't just disappear after the project was finished. One of the criticisms that is often levelled at aid programs such as this is that surgeons fly in, treat 100 patients and then fly out again, leaving no detailed records or follow-up systems in place," he said.

"We wanted these people to have a medical record and to receive follow-up care, so the entire project was built around the enthusiastic involvement of nurses, doctors, social workers and students. It was important to us all that these people would not be forgotten."

Dr Gahankari said the project had received great local support plus practical assistance from Australian organisations.

"We were given enormous support from a local Indian temple trust known as the Gajanan Maharaj Sansthan organisation. This is not a Hindu or Muslem temple but is named after a man who lived a few hundred years ago who was a major philanthropist in the state," he said.

"The Temple was built to continue his work, and it has become a huge organisation. On any given day up to 20,000 people can be there.

"The Trust paid for accommodation for the team of nurses, social workers and medical students and provided transport and accommodation for the patients and their families."

However, Dr Gahankari said support from Australian health workers, hospitals and medical companies had also been of great benefit. He said an occupational therapist from Queensland had travelled with him at her own expense to assist patients and conduct lectures, with his friends in India driving her to clinics and colleges around the region.

He also said the theatre co-ordinator at the John Flynn Hospital on the Gold Coast had provided disposables, which had allowed the team to operate on up to four people at a time, and the Royal Brisbane Hospital co-ordinator had provided a skin grafting knife. Tyco Health, Astra-Zeneca and Johnson & Johnson gave suture and dressing materials.

"While it was extremely gratifying to receive such practical support, I was also given great encouragement by a range of people, and that was very moving," Dr Gahankari said.

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Dilip Gahankari examining patients

The enthusiastic team

A scenic view of India

"There are not many projects in India that have overseas input, so it was pleasing to know that people in Australia wanted to help patients in India."

Dr Gahankari said he had always wanted to go back to contribute his skills in his home region and hoped that the aid project could become an annual event. He has approached the College, which is considering some form of assistance, as well as Interplast Australia.

He said such programs could help rebalance in a small way the global problem of poorer countries losing their highly skilled professionals to the Western world.

"When you specialise in a sub-speciality like plastic surgery or neurology or orthopaedics you want to do as much work as you can in that field to learn as much as you can and constantly upgrade your skills. Often you have to go abroad to learn the skills in the first place, but then you are often limited in what you can do if you go back to a developing country," he said.

"This type of aid project is probably a pretty good balance. It allows me to do what I like to do, which is reconstructive surgery to the highest level, while also contributing to the care of patients in my home region who do not have adequate access to modern medicine.

"I used to work in these remote places where the patients came from, and I knew some of these parents from then. It is a great pleasure to be able to help them, because when you repair a facial cleft you are changing a child's life."

"We wanted these people to have a medical record and to receive follow-up care, so the entire project was built around the enthusiastic involvement of nurses, doctors, social workers and students."

FELLOWSHIP SERVICES

Safe Working Hours and Conditions

THE COLLEGE HAS established the 'Standards for Safe Working Hours and Conditions for Fellows, Surgical Trainees and International Medical Graduates' to help address important issues of fatigue among surgical practitioners. This follows on from important safe hours work produced by the Divisional Group of Rural Surgery. Both documents can be found at www.surgeons.org/Guidelines

The College is committed to setting and helping maintain the highest standard of safe and comprehensive surgical care. Surgeons and healthcare facilities have a duty of care to provide 24-hour patient access. Importantly, though, quality and continuity of patient care must be maintained within the context of safe work practices, both to reduce the risk of fatigue-related surgical errors and for the health and safety of surgeons and Trainees themselves.

Fatigue reduces motor skills, vigilance and concentration, and has short- and long-term effects on general health. It can reduce fertility and during illness or pregnancy can increase complications. Additionally, fatigued doctors are at increased risk of car accidents. Thus there is a great potential risk of fatigue-related errors causing death or serious morbidity to both patients and surgical practitioners.

It is clear that Fellows, IMGs and Trainees often work for long periods of time without adequate rest. The AMA 2006 survey of specialists' working hours revealed that surgeons and surgical Trainees continue to be over-represented in the high-risk category and that surgery was the only discipline for which working hours had not improved since the AMA's 2001 survey.

The College recognises that working hours provisions must not compromise the acquisition and maintenance of operative skills, knowledge and experience for Trainees and surgeons, nor should they compromise the performance of long operations. The College, however, is firm that minimisation of fatigue must be factored into work practices in all circumstances.

These guidelines will require flexibility, continual review and close collaboration between the College, hospital administrators and governments. Their implementation should lead to improvements in surgical care for the communities of Australia and New Zealand.

John Graham, Chair,
Fellowship Services

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