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Editorial

Bone and Joint day – India

It is a tradition in many countries to celebrate an event by assigning a particular day. WHO celebrates "World Health day" every year with specific health related issue as a theme to highlight the clinical problems, generate interest among health professionals and officials worldwide and develop a concrete collective strategy to solve it. Similarly, "Bone and Joint Decade" was an international collaborative movement in 2000 - 2010 AD to raise awareness on the impact of bone and joint conditions on the society and to raise global funding for research on cost effective prevention and treatment of musculosketal problems[1]. Indian Orthopedic Association is celebrating Bone and Joint day on 4th August since 2012. Our slogan is "Stronger bones Stronger India – because we believe healthier the bones, healthier the society and stronger the nation."

Bone and Joint day is not a mere celebration but an opportunity where we sensitize society about the increasing impact of musculoskeletal conditions and promote cost-effective prevention and treatment. This day reminds us to reassess and evaluate the performance of orthopedic fraternity to achieve improved bone health of the masses and define the areas where collective efforts are needed by Indian Orthopedic Association, state chapters, city clubs/association and each member of orthopedic family with the help of health planners, policy makers to prevent /treat musculoskeletal disorders and alleviate suffering of the masses. It will bring about a perceptible change in the thought process among concerned and lives of citizens at large. Our endeavour should be to direct efforts in the following directions:

a) Optimum bone health: Inspite of 60 years history of orthopaedics in India we have not been able to define optimum and the current state of bone health in our population. We have not identified the factors responsible for poor bone health and evolve state and national level strategies to improve the bone health of the nation. The poor bone health affects the work potential and performance, adds a tremendous musculoskeletal disease burden in late youth due to weak bones. It is not only a clinical burden needing treatment but also a huge loss of average/manday. It is important that every citizen attains optimum bone health. Multicenter studies across the cross section of population are to be conducted in collaboration with community medicine and other departments to evaluate the current level of bone health attained by individuals in different strata and ages. It is important to improve the bone health of female child as they are going to be future mothers. During the teenage, 40−60% peak bone mass is built. The physical exercises (Compulsory participation in sport), adequate milk intake, calcium, other minerals and vitamins supplements, fruits and vegetables intake promote bone formation. Soda and cola drinks containing considerable amount of phosphorus an acid forming mineral interfere with the skeleton's ability to absorb calcium must be discouraged. We as an association should suggest government agencies/health planners to implement programs of promoting bone health of the society at national level. The corrective steps may be the food supplements, physical exercises in the formative years, modification in school and college curriculum and may require persuasive approach, and legislative and public educational routes.

b) Optimum Orthopedic care: It is mandatory to provide minimum standard of care to every citizen for an orthopedic ailments on the contrary most of the people get no primary orthopedic care resulting in a cumulative increase in disability and physical handicap.

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The health facilities provided also have a contrast with most modern treatment available at some places to no treatment.[2] Even if the family is keen they have no guidance/support to get effective primary treatment. We lack consistency in the quality of health care and treatment offered. As a result we suffer a huge manday and financial loss. Almost 90% clinical problems if diagnosed early and treated can be cured without sequelae in a short span of time. Those not diagnosed/ treated timely get complicated, needing complex treatment. A huge number of patients are moved to bigger cities along with the family members to get effective treatment hence beside patients, many more family members also loose earning. At one end family is spending money on treatment and at other end they lose earning. We need to plan comprehensive health infrastructure which is optimally used. The infrastructure should match the disease burden in the geographic area and be continuously audited in relations to patient load.

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Delhi has large number of government run hospitals namely, All India Institute of Medical Sciences, Safdarjung hospital, Lok Nayak Jai Prakash Narain hospital, Guru Teg Bahadur hospital, Ram Manohar Lohia hospital, Sucheta Kriplani hospital, Deen Dayal Upadhyay hospital, Hindu Rao hospital, Swami Dayanand hospital, ESI hospital and a large number of 100 bedded hospitals. The best course would be that 100 bedded hospital should work in a well defined geographic area to provide primary care to routine ailments near the residence of patient. While the tertiary care hospitals should concentrate on the management of complex clinical problems. The present scenario is reverse a person having sustained a simple injury living close to 100 bedded hospital still has to go to tertiary care hospitals to get primary treatment. As a result the tertiary care hospitals are over burdened and care of complex clinical problems suffer and at the same time patients also struggle to get primary care in tertiary care hospitals because of huge rush in the middle of night. We should simply define a geographic area for each 100 bedded hospital to provide emergency care and hospitals should organize a referral to tertiary care hospital if need arise. This will not only stop the mobilization of patient in distress but also spread the patient care effectively and reduce congestion in tertiary care hospitals. This will improve the suffering of patient and bring a confidence in health care among population.

Audit in Government Hospitals

The treatment in any setting require a group of people working in unison which includes doctors, nurses, supporting staff (nursing orderlies, technicians (OT, Radiology), sweepers), maintenance staff (liftmen, electricians, public works department, AC maintenance, gas plants) and all others. If this chain is broken at any given point, the system does not work effectively. For example in an operation theater if 2 tables of 7 hours each are running we can perform six major orthopaedic operations when the system is working efficiently. Unfortunately, for one reason or other we loose operating time for one case on an average every day. It means we work 83% of our capacity. It is a loss of 300 more operations in 1 year by one department. Ensuring that OT works fulltime efficiently we can perform 300 more operations yearly without spending a penny. It is common occurrence that at least one case is postponed for one reason or other as lift is not working or AC is not working or sweeper is not available or sterilization machine has broken down. In such instances all qualified doctors (surgeons and anesthetists, nurses are without work). For a patient if his operation is not performed on a given scheduled time it is not mere morbidity but also a huge manday loss as few relatives are always waiting outside and have taken leave from the work. We can imagine 15 such hospitals and 15 other departments in Delhi than operating time worth 67500 operations per year is lost. This is one of the examples, however, many more situations can be documented where significant patient care time is lost.

Hospital Plan

The plan of new hospitals should include adequate provision of medical, paramedical and supportive staff for next ten years ensuring to utilise full capacity to deliver health facilities to the society at large. There are examples of hospital buildings in Delhi and country which remain non-functioning because of lack of comprehensive planning.

The physical disabled population is increasing many-fold above the acceptable sequalae of musculoskeletal disorders. We understand that increase in population outgrows the facilities created. It does not mean that we cover up the lack of initiative (inertia) on the excuse of huge patient load. The minimum that can be done is (a) to optimize the utilization of available health infrastructure, (b) to match the need and level of infrastructure with the disease burden, (c) to innovate the treatment according to resources and (d) by conducting the need-based CME'S to educate treating surgeons and paramedical staff, the finer details of skills needed to solve clinical problems specific to geographic area.

Each year on Bone and Joint Day we must take up issues related with musculoskeletal disorders as theme and evolve strategies to improve the current state of medical and social awareness in stimulating and sensitizing public and health planners and by generating funds for research to develope cost-effective preventive and corrective strategies for musculoskeletal disorders.

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