

Editorial

Are comprehensive orthopaedic societies needed or relevant in the face of increasing sub-specialisation in orthopaedics and traumatology?

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The history of formation and functioning of learned societies or associations of orthopaedic surgery has been relatively recent. The oldest claimed society, the American Orthopaedic Association, was established in 1887. Such learned societies or associations were formed with the objectives of providing a forum for interaction between their members, to maintain and advance the science and practice of orthopaedics and traumatology, to organise and run meetings periodically for members to present the experience of their work and research, and as an educational vehicle for junior or trainee orthopaedic surgeons to learn from. Other than periodic meetings, a journal was soon founded, which further facilitated the implementation of the objectives of the Association.

The American Orthopaedic Association gradually evolved to be one whose membership consists mainly of the 'heavyweights' of orthopaedic surgery. There is no doubt that these heavyweights had a tremendous influence on the direction of orthopaedic practice, at least in the United States, but a deep ravine existed between its members and orthopaedic surgeons at large in hospitals or community practice, thus defeating the objectives of far-reaching interaction and education.

At least partly because of this, another entity was formed, the American Academy of Orthopaedic Surgeons. Very soon the Academy overtook the Association in the size of its membership and meetings, the scope and variety of its education activities. To some extent, it overshadowed the importance of the Association. Also, a Board of Orthopaedic Surgery was formed to maintain standards of orthopaedic

practice, by requiring budding orthopaedic surgeons to pass a board examination through a peer-review process.

Nearer to home, the Western Pacific Orthopaedic Association was formed in 1962 by a group of senior orthopaedic surgeons who believed that the countries bordering the Western Pacific Basin constitute a geographical area with certain medical problems not found in other countries. It was with the hope that the regional countries might share with each other the knowledge of these problems and their solutions that the Western Pacific Orthopaedic Association was formed.

Modestly and without too much fanfare, after 40 years and 25 Triennial Congresses, not only has it remained a cohesive and solid learned society, but has expanded gradually to involve more countries and geographical areas. It was renamed Asia Pacific Orthopaedic Association in 2000.

At least up to very recent times, the members know each other well, many on a first name basis. The activities of the Association certainly fulfill the wishes of the founding surgeons. The atmosphere of the Triennial Congresses is to some extent unique, in that there is an intense feeling of camaraderie. The scientific standard of the meetings improves with each passing Congress, and even if a participant questions a speaker critically, it is often mixed with an element of banter. The social functions in the evenings, where participants from different countries display their musical prowess, add much to the collegiality of the occasion.

A comprehensive orthopaedic society, of a much grander scale, sprang up in 1929 in Paris, and became

known as the Societe Internationale de Chirurgie Orthopedique et de Traumatologie. In its formative years, although by name an international society, the membership and activities were concentrated in Western Europe, and to a smaller extent North America. It also had a tinge of elitism, although not to the extent of the American Orthopaedic Association. The first President to originate from outside Europe, who was an American, was appointed in 1972. The first President to emerge from Asia was in 1978, and to date only 3 Asians have assumed that position. The Society has gradually undergone metamorphosis to become a truly global entity, with 105 member nations.

It is not a federation, because membership is individual, and not spontaneous as a result of membership of a national society of orthopaedics and traumatology. It provides an excellent forum for interactive education, communication of novel research and clinical ideas and data, which are gathered from all parts of the world, and not dominated by one or 2 countries or regions. The world orthopaedic scene is put into perspective, blending the diseases and disorders of developed countries and the most advanced skills and technology to deal with such problems, together with diseases and disorders of the third world, which local professionals have their own way of dealing with under very constrained conditions. The Society has established a telediagnostic website and is embarking upon the setting up of education centres to assist the upgrading of orthopaedic care in the developing world. Because of the demand and great enthusiasm to hold scientific meetings from many countries of the world, the Triennial Congresses have been supplemented with Annual International Conferences since 2001.

In the midst of all these, during the last 20 to 25 years, sub-specialty societies and associations of many disciplines were born. Many orthopaedic surgeons preferred to be known as spine surgeons, shoulder surgeons, hand surgeons, hip surgeons, knee surgeons, ankle and foot surgeons, arthroscopic surgeons, etc. The scope of knowledge of such sub-specialised surgeons became very limited, commensurate with the scope of their practice. Scientific meetings often similarly became extremely focused and at times completely centred around a surgical technique, e.g. posterior lumbar interbody fusion, minimally invasive spinal surgery, arthroscopic surgery of the knee, or shoulder; some even centred around a particular type of implant. One should not decry such endeavours. Indeed, they serve very useful purposes to advance the science and art of diagnosing and treating such disorders, to a level unlikely to be achieved by general orthopaedic surgeons.

However, proliferation of such sub-specialty societies and associations do have adverse effects:

- (1) They tend to splinter members away from national or international societies of orthopaedics and traumatology.
- (2) Members lose their interest in the comprehensive orthopaedic societies and their activities.
- (3) Whilst becoming more expert in tackling problems of a very focused area, sub-specialty surgeons tend not to consider the broader perspective of the whole musculoskeletal system.
- (4) Such sub-specialised surgeons find it difficult or hardly worthwhile to interact with surgeons of other sub-specialisation, or general orthopaedic surgeons, because their interest area is too narrow.

When such sub-specialised surgeons are persuaded to join a national, regional, or international comprehensive orthopaedic society, they often ask questions such as:

- (1) Why should I join such a comprehensive orthopaedic society?
- (2) What benefits can such societies confer upon me? Many of the activities of such societies do not concern me, and are outside of my interest area. What purpose would it serve for me to join?
- (3) I belong to several sub-specialised societies, and my own national orthopaedic society already. What do I get out of joining an international comprehensive orthopaedic society?

These are pertinent and to some extent reasonable questions. Joining a society is joining a group of people with whom you would like to interact, and indeed from whom you should derive some benefits. But perhaps the concept of the joining member not just receiving benefits from the society, but also imparting benefits to it should also be a strong reason for joining in the first place. Indeed, comprehensive orthopaedic societies can and usually have a much larger membership, can and often have more financial resources, thus making them possible to install modern vehicles of interaction and communication, such as electronic portals, interactive educational websites, etc. The joining member can benefit a large number of people within the membership, can influence the thinking and direction of orthopaedic care in all parts of the world; not only among similar sub-specialised surgeons, but also general orthopaedic surgeons, and surgeons of other sub-specialised disciplines, through the much larger orthopaedic community of a comprehensive orthopaedic society. The thoughts, experience, and wisdom of the joining member can

benefit other orthopaedic surgeons and patients not only in the developed world, but also in the developing world.

Perhaps the strongest argument yet for continuing to have comprehensive orthopaedic societies is that globalisation is the buzz word of the 21st century. The world is getting smaller because of phenomenal advances in methods of communication. If in 1929

there was a strong intention to form an international orthopaedic society for orthopaedic surgeons to reach out and interact with each other, surely in 2002 there must be a much greater need for orthopaedic surgeons to join together in a comprehensive orthopaedic society, not only to derive benefits from it, but to contribute benefits to it and its membership in an unselfish way.

Change of Publisher of *Journal of Orthopaedic Surgery*

We are pleased to announce that the Hong Kong Academy of Medicine Press (HKAM Press) was appointed publisher of the Journal in August 2002, to cope with increasing workload, at tight publication schedule, and electronic publishing.

We would like to express our deep gratitude to Hong Kong University Press for their contribution to the editing and production of the Journal in the past 20 years. In particular, we have to thank Mr. Dennis Cheung (Managing Editor) whose efforts were instrumental to the successful development of the Journal.

Apart from Journal publishing, the HKAM Press will maintain an electronic version of the Journal, at our website www.josonline.org. We hope to reach many more readers who will be able to search and download papers and abstracts at their convenience in their homes or offices. Please visit the website and if you have any comments do let us know. The staff responsible at HKAM Press are Ms. Yvonne Kwok who will take up the role of Executive Editor, and Ms. Joyce Cheng, who is our Assistant Editor.