
MESSAGE FROM A PAST PRESIDENT

Change

Whether we like it or not change is a fact of life and is probably proof that people in this world still think and act.

SAOA structure

The SAOA itself has seen many changes.

At the level of the Executive Committee, the most recent change is that our President now serves only one year and not a two-year term of office. This was made necessary and desirable by the increased number of members; therefore, the potential pool of presidents has increased.

Our congresses used to be only in single sessions, the papers were longer, discussions between the papers were more protracted and very often acrimonious. In the new world the papers are short and more succinct, and the comment is also succinct and a lot more parliamentary. Whether this is good or bad I leave to each reader's opinion. Suffice it to say it is said that there is less room in the twenty-first century for the eccentric than there was in the last.

Orthopaedics

With regard to orthopaedics, many changes have occurred. In the late 1950s and early 1960s the Birmingham Accident Hospital was the leader in the United Kingdom in the treatment of trauma and they also advocated very strongly for internal fixation in nearly every fracture. This made them, to some, the laughing stock of the British establishment of the time. A number of witty stories were written about this 'overtreatment'.

Time, however, has caught up with us and proved them correct. Who would, today, consider treating a simple femur fracture with a hundred days in traction?

In other orthopaedic fields joint replacement has come and is expanding. Charnley's first article appeared in the *Lancet* in about 1962 and from then on the joint replacement 'juggernaut' rolled forward conquering one joint after the other.

Arthroplasty is now a cornerstone of orthopaedics and where an overproduction of orthopaedic surgeons was predicted a mere 15 years ago, shortages are now envisaged with the ageing population and the advance of arthroplasty.

With regard to arthritis, the days of allowing rheumatoid arthritis to 'burn out' and then suggest surgery are fortunately long gone. Surgery has come but also far more efficient pharmacological treatments including disease-modifying agents.

Change is fantastic!!

Environment

The environment in which we practise orthopaedics is also changing, has changed and obviously will continue to change.

With regard to our practices, the model of payment has changed from the period between World War I and II, when people either paid for their medical care or were treated in state hospitals. In the UK the public hospitals were funded with money collected from the public.

In the private sector the models for payment have changed from private to medical aid with contracting in and out. Who can remember the real meaning of this word 'contract', namely that the doctor had a contract with the medical aids to accept their tariffs or not. Now a doctor is free to set his own fee or accept the payment offered by the insurer.

The Guide to Fees for many years was a gold standard. This, by a stroke of the pen of the Competition Commissioner, has been swept under the table.

It is said that the days of 'fee for service' are nearing their end but fee for service seems to be a very hardy animal and will probably survive somewhat longer although capitation is now the buzz word. Capitation is not new – the older members will remember the Railway Sick Fund as well as the Mines Benefit Societies.

With regard to the future, the National Health Insurance is predicted. We who practice as orthopaedic surgeons, know that until the quality and efficiency of treatment in the state hospitals is dramatically improved the idea of a National Health remains a pipe dream.

Another prediction is that orthopaedic surgeons, as well as all other branches of medicine will, at some stage in the future, be employed either by hospitals or even by big companies.

The other future development is of course at the cellular level with the Genome Project and we may, in a number of years, be able to fabricate joint cartilage to replace that worn away in hips, knees or other joints.

If you were to look at the operation registers of hospitals and look at the lists that were booked 40 years ago (in the early 1970s) you would be absolutely astounded to see how many operations then commonly performed have disappeared. As a quick example the osteotomy of the upper end of the femur for osteoarthritis is a thing of the past.

I do not believe that the above changes should make us unduly pessimistic. Human beings will still suffer disease and accidents and will need medical help, and the changing field of orthopaedics is a great stimulus to the practitioners of the art and science of our chosen speciality.

Jos van Niekerk
Past President SAOA (1993–1995)