
PRESIDENTIAL ACCEPTANCE SPEECH

Presidential Acceptance Speech – IFSSH

The Editorial Board and the entire orthopaedic community are greatly honoured to congratulate Prof Ulrich Mennen on being elected as president of the International Federation of Societies for Surgery of the Hands for a three-year term.

We have pleasure in publishing his Presidential Acceptance address delivered on 31 October 2010.

Prof RP Gräbe
Editor-in-Chief

11th International Federation of Societies for Surgery of the Hand Congress, Seoul, South Korea

31 October – 4 November 2010

Prof Ulrich Mennen

To be acknowledged by one's peers is indeed one of the highest honours to be recognised with. At the same time such an honour is also humbling because of the esteemed office of President of the IFSSH. I am very aware of the exceptional responsibility that goes with this position, and my pledge to you, members of the IFSSH, is to give my best. I thank you for putting your trust in me.

One of the most prominent brachial plexus surgeons, Algimantas Narakas from Switzerland, uttered the following words, after a remarkable career: 'If I were not desperate to do better, how would I know what hope is?' He constantly sought ways to improve on his results, even though during his time, these results were unrivalled. He challenged himself to better his surgical technique, his patient evaluation, his record-keeping, and analysis of his results. This restless dedication influenced and encouraged a whole generation of hand surgeons to be perpetually uneasy with their efforts.

Such an inquisitive mind and a learning spirit are nourished by our coming together, by cross pollination, by teasing the enquiring mind with challenging thoughts; hence the importance of meetings such as these congresses.

In 1980 at the first IFSSH Congress in Rotterdam, we as youngsters were in awe as we met with and learnt from the giants and pioneers of hand surgery. They were the role models who inspired us to also achieve the highest level of knowledge, skill and dedication in hand surgery. Our passion was also to become one of this 'elite group of masters'.

However, 30 years later and having attended all 11 IFSSH Congresses, I have the perception that the impetus of hand surgery has shifted away from the so-called 'hand surgery specialists'. This shift seeks to empower health professionals in general, in the art and science, of maintaining the integrity of the hand.

This is what I would call the 'changing world of hand surgery'. Our aim as the hand surgery family is not to train surgeons to become 'hand surgeons' in the first place, but to teach health professionals how to practise basic and good hand surgery.

Although centres of excellence are extremely important to develop and practise better hand surgery, we must not forget that the indigent masses have as much need of medical, surgical and allied health services as those who can afford the best and most modern techniques available. The dilemma becomes more acute if one realises that it is the poor masses who rely more on their hands than any other group. Manual labour, in its various forms, is all they can offer, and when injured and diseased, they have no income or back-up insurance. Isn't it ironic that it is mainly these manual workers who are the producers of goods, the manufacturers of merchandise, and the labourers who build structures. These are the people who produce wealth for the investor and the country. These are the people who get physically hurt and then lose their jobs, who are unfortunately, simply replaced, and who are often unfairly seen as disposable.

Interestingly, the word 'surgeon' is derived from the Greek word 'cheirourgia'. 'Cheir' means hand and 'ergon' means work. Therefore hand worker or manual labourer!

Of all time lost due to injuries at the workplace, 70% is attributable to hand and upper limb injuries. It is thus self-evident, that this fact has serious economic implications for the workman and his country.

The challenge therefore is to bring good quality hand management to these manual workers in an affordable and accessible way. Hand surgery should therefore in reality become part of primary health care.

In my travels to various parts of our global village, I have witnessed remarkable ingenuity in meeting local challenges. At one large hospital hand replantations and micro reattachments were done on a routine basis, and with world standard success rates, using loops attached to an infusion stand because of a lack of funds for a microscope. In another country, splinting material made from malleable bark, which is available in abundance from local trees, is used instead of unaffordable, thermo-plastic material. These are just two examples of the resourcefulness that does not hinder our colleagues in disadvantaged areas, to practise a relatively high standard of hand surgery and therapy. I have worked in hospitals where the concepts of 'disposable' and 'once only' materials are non-existent. So-called disposable gloves, swabs and implants are cleaned, sterilised and used again and again. The point is that one does not always need the latest technology to produce good quality hand surgery. Or conversely, the newest equipment does not necessary guarantee acceptable surgical practice.

A number of prominent publications have recently shown that donations and hand-outs did not significantly improve the lot and conditions of disadvantaged communities. Some US\$ three hundred billion in aid to Africa over the last 50 years has unfortunately not shown much improvement in the standard of living. Redundant high tech equipment 'pollutes' many countries in Africa. These generous gifts have seldom helped to better the quality of healthcare. In fact, the way aid was given often suppressed initiative and innovation. Similarly, intellectual and academic aid can stifle self development, research and progress. What has made a difference however, is the willingness of locals to improve their own circumstances. Appropriate training and education, workshops and practical seminars, are the most effective tools for community upliftment. The quest to know more is the key to progress.

One of the responsibilities of the President of the IFSSH is to organise the activities of its 30 committees. It has been a dilemma of past-presidents to obtain reports from all the committees. In an effort to improve communication among all our members and our co-workers, and to disseminate the committee reports as state of the art documents, I have obtained permission from the IFSSH Exco, ratified by the Delegates Council, to launch an electronic magazine. This electronic magazine, or ezine, will be sent quarterly to each member free of charge. This 'IFSSH ezine' as it will be called, will not be, or compete with, any hand surgery journal, but wants to draw the hand surgery family together by enhancing communication via the internet. The IFSSH ezine contents will feature the following:

1. A home page with links to the IFSSH web page, contact addresses, event announcements and links to associated federations
2. A section for member news regarding their movements, activities and circumstances, and maybe a photo gallery as well
3. Committee reports on specific topics which can be used as the official viewpoint of the IFSSH
4. 'Letters to the Editor' section
5. A question-and-answer chapter for those who have interesting or difficult problems and need advice from members who have more experience
6. A list of published articles in peer-reviewed journals, with links to these articles
7. An interview section with authors and researchers
8. Case reports and technique tips section
9. An anecdote and tales chapter which could include historical narratives and adventures which are hand related
10. An index which would allow one to source previously published topics
11. And finally product news and announcements.

The ezine will be published by the IFSSH and funded by trade advertisements. It will be edited by the IFSSH President, and the President-Elect will assist. The technical aspect will be done by a British company which specialises in electronic page magazines. The aim of the IFSSH ezine is to be an interactive communication medium, which will be used by all members, and should be available to all members of the IFSSH and related federations, including the International Federation of Societies for Hand Therapy.

This brings me back to the beginning of my address. The inequality in the management and technical know-how of hand conditions can be harmonised by disseminating information through a medium that can reach all members, even those in the most remote areas. The ezine can become a hub for communication where we can be in continuous interaction with each other.

It should become a tool to spread and share information, as one would expect communication to flow in a family, or a well-run company. If you want to receive the ezine, please send your email address to ezine@ifssh.info so that we can add your details to the address list. I would also like to urge you to contribute with stories or advice, comment by writing a letter, advertise hand-related products or support this exciting venture in any other way you might feel appropriate. Simply send your contribution to this dedicated email address.

In conclusion, I encourage you never to take anything for granted, and to be diligent in your efforts to improve your own ability to help your patients.

And secondly, we belong to a family of volunteers. This makes us all equally important. We should encourage each other to interact freely, to communicate and to offer advice to others, thereby strengthening our hand family ties. We should all be leaders and free-thinkers. If this happens, I know that our vision of a vibrant group of mutually encouraging and supporting members will be realised.

Prof Ulrich Mennen
President
International Federation of Societies for Surgery of the Hands

